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COUNTY BOROUGH

HEALTH REPORT

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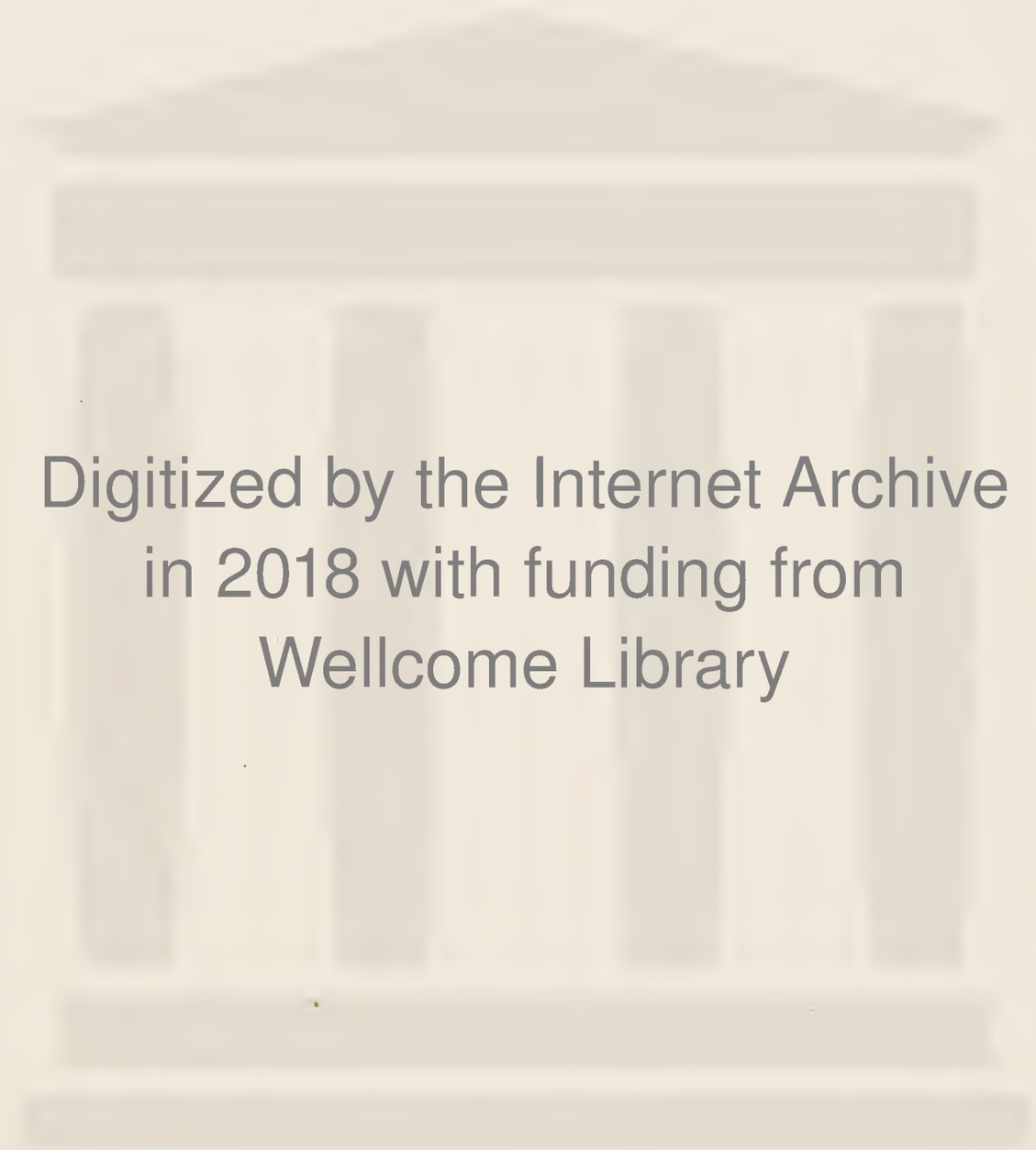
HEALTH REPORT

1950

THOMAS ROSS, M.B., Ch.B., D.P.H.

Medical Officer of Health
and School Medical Officer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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From May, 1950 to May, 1951.

CHAIRMAN:
Councillor H. S. Gwinnutt.

VICE-CHAIRMAN:
Councillor A. W. Percox.

Alderman H. Hucker, J.P.
Alderman M. J. Kavanagh
Alderman B. I. Power
Councillor E. A. Brockhurst, J.P.
Councillor R. Davies
Councillor W. Kelley (From 9.10.50)
Councillor D. M. Middleton
Councillor J. H. Pearce (Resigned 26.7.50)
Councillor T. S. Smith
Councillor L. Summers
Councillor A. M. M. Taylor

EDUCATION COMMITTEE

CHAIRMAN:
Alderman W. R. Wheway, J.P.

VICE-CHAIRMAN:
Councillor T. P. Riley, J.P.

Alderman F. W. Evans, J.P.
Alderman A. McShane
Councillor E. A. Brockhurst, J.P.
Councillor A. W. Cotterell, J.P.
Councillor F. W. Harbidge
Councillor L. Harrington
Councillor F. F. Harrison
Councillor V. G. Parkes
Councillor H. Smith
Councillor L. Summers
Councillor A. M. M. Taylor
Councillor H. F. Truman
Mrs. W. H. Keay, B.A.
Miss H. M. Neville
Rev. Canon Jenkins
Rev. W. Sheeran
Rev. W. H. Cox (Resigned Dec., 1950)
Rev. W. Eric Hodges (From March, 1951)
Mr. W. A. Burn
Mr. H. Busill Jones, J.P.
Mr. G. Harvey

STAFF

Medical Officer of Health and School Medical Officer ...	James A. M. Clark, M.D., Ch.B., D.P.H. (Retired 15.5.50).
	Thomas Ross, M.B., Ch.B., D.P.H. (Commenced duties 16.5.50).
Deputy Medical Officer of Health	J. Maclachlan, M.B., Ch.B., D.P.H. (Commenced duties 1.9.50).
Chief Assistant Medical Officer of Health	A. Brown, M.B., Ch.B., D.P.H. (Terminated duties 31.7.50).
Assistant Medical Officer of Health (Maternity and Child Welfare)	I. M. Brown, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Assistant Medical Officer of Health	A. Rowles, B.Sc., M.B., Ch.B., D.P.H. (Commenced duties 6.11.50).
Assistant Medical Officer of Health (School Medical) ...	P. J. FitzGerald, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (Terminated duties 12.5.50).
	A. Laurie, M.B., Ch.B., D.P.H. (Commenced duties 1.9.50).
Senior School Dentist	R. E. Morgan, L.D.S.
Assistant School Dentist ...	Mrs. I. M. Millar, L.D.S. (Terminated duties 21.1.50).
Public Analyst	F. E. Thompson, F.I.C. (To 31.3.50).
	D. C. Jenkins, M.Sc., D.I.C., F.R.I.C. (From 1.4.50 to 31.10.50).
	F. G. D. Chalmers, M.A., B.Sc., F.R.I.C. (From 1.11.50).
Chief Sanitary Inspector ...	C. A. Stansbury.
Deputy Chief Sanitary Inspector	J. Green.
Sampling Officer — Food and Drugs Act	W. J. Woodward.
Smoke and Factories Inspector	E. Bayley.
Meat Inspector	A. D. Kelley.
Housing Inspector	F. G. S. Hill.
Sanitary Inspectors	J. F. Marshall.
	S. Monks.
	F. B. Owen.
	V. F. Penn.
	K. H. Perry.
	E. M. Thomas.

Pupil Sanitary Inspectors ...	R. C. Drake. W. Wagg.
Superintendent Health Visitor	Miss G. Johnson.
Health Visitors	Miss S. A. Nolan. ,, E. G. Jones. ,, E. Stokes. ,, M. Scott. ,, E. E. Pedley. ,, A. Jones. ,, M. H. Evans. ,, E. R. Kettle. (From 1.9.50). ,, C. Moran. (From 1.9.50).
Health Visitors (Temporary) ...	Mrs. E. Dunning. ,, N. Clark. ,, H. Myring. Miss K. E. E. Eccleston. (Commenced duties 12.4.50).
Pupil Health Visitors	Miss E. R. Kettle. (To 31.8.50). ,, C. Moran. (To 31.8.50). Mrs. E. Dunning. (From 18.9.50). Miss K. E. E. Eccleston. (From 18.9.50)
Tuberculosis Health Visitor ...	Miss N. Perry.
School Nurses	Miss F. Saunders. ,, J. Corkish. ,, M. A. S. Glover.
School Dental Nurse	Miss B. L. Bennett.
Supervisor of Midwives	Mrs. M. E. Smith.
Municipal Midwives	Mrs. H. A. Parsons. Miss C. Pearce. Mrs. A. M. Kirk. Mrs. S. J. Kendrick. (Retired 28.2.50). Miss M. Williams. Mrs. N. M. Evans. Mrs. J. Scanlan. Mrs. S. Ward. Mrs. B. Powell. Miss P. Plumb. Mrs. J. M. M. Smith. Mrs. J. Burns. Miss M. O'Sullivan. (Terminated duties 10.3.50). Miss L. Wilson. Mrs. M. T. Moriarty. Miss M. E. Martin. (Commenced duties 12.4.50). Mrs. D. K. Rinkel. (Commenced duties 1.8.50).
Administrative Assistant ...	P. Shoesmith.

Clerks	F. Webb.
	N. Auliff.
	C. Riley.
	A. L. Jobey. (Terminated duties 22.10.50).
	W. E. Biddulph. (Commenced duties 20.11.50).
	G. Brownsword.
	B. M. Roger.
	R. J. Davies.
	Miss K. M. Lunn.
	Miss C. Bytheway.
	Miss D. I. Hardie.
	Miss M. B. Harper.
	Miss B. L. Loffman.
	Miss S. B. Smith.
	Miss A. Tipper. (Commenced duties 1.3.50).
	Miss M. Dexter (Part-time).
	Mrs. M. Taylor (Part-time). (Terminated duties 1.12.50).
	Mrs. O. W. Beer (Part-time). (Commenced duties 27.11.50).
Duly Authorised Officer (Mental Health Service)	J. Wiggin.
	F. H. Parker (Part-time Deputy).
Senior Mental Welfare Officer (Duly Authorised Officer)	Miss F. Grant.
Assistant Mental Welfare Officer and Guardianship Officer ... ... (Duly Authorised Officer)	Miss H. C. Hawley.
Supervisor Occupation Centre ...	Miss E. Ratford.
Assistant Supervisor Occupation Centre	Mrs. H. E. Avery.
Matron—Bescot Day Nursery ...	Mrs. P. T. Naughton. (Terminated duties 19.8.50).
	Miss L. D. Smith. (Commenced duties 21.8.50).
Matron—Blakenall Day Nursery	Mrs. M. Williams.
Ambulance Supervisor	L. J. Parry.

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Medical Officer of Health

To the Mayor, Aldermen and Councillors of the County Borough of Walsall

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the state of the public health of the Borough during the year 1950.

Considerable disturbance was occasioned in the department by the very extensive staff changes which occurred, commencing with the retirement of Dr. Clark followed by the resignations of two assistant medical officers with the result that, by the end of the year, only one member of the medical staff remained of the complement with which we began the year. At the end of the year, however, the staffing position was extremely favourable since we had been able to fill all the vacancies created by resignations and had also been able to fill the additional post created during the year.

Health of the Borough

The various tables which follow set out in considerable detail the various vital statistics, but I should like especially to comment on one or two outstanding features.

The most notable statistic of the year is that for infantile mortality, which, standing at 28·64 is the record for the borough and a very satisfactory figure when due regard is had to the industrial nature of Walsall. It is interesting moreover to note that the infant mortality rate of illegitimate infants was the extremely low figure of 9·61 per thousand births, possibly reflecting the additional supervision to which such babies are now subject.

Another noteworthy figure is that for maternal mortality which, at 0·47 per thousand births, is one of the lowest ever recorded in Walsall. This reduction from the 1949 figure of 1·32 per thousand births maintains our average maternal mortality rate at the national level.

All other vital statistics maintained the levels of about recent years when one makes allowances for periodic variations in the incidence of infectious diseases.

Thirty notifications of poliomyelitis were received, but, whilst unfortunately two deaths resulted from these cases, the great majority recovered to such an extent as to have no material handicap, say about 70%. Five per cent suffered from a severe degree of residual paralysis, whilst the remainder fall into an intermediate group. Walsall's experience in this is in conformity with the national experience and the report of these results should help to allay some of the unnecessary fears which are associated with this infection.

The incidence of Diphtheria was again at a very low level, only 2 cases being notified, as against 3 in the previous year, a direct result of the energetic immunisation campaign which has been carried out over many years. One hundred and fifty seven cases of Scarlet Fever were notified, 290 cases of Measles, 690 cases of Whooping Cough, 25 cases of Dysentery and 183 cases of Pneumonia.

Respiratory Diseases (other than Tuberculosis) show an increase, the death rate being 1·44 per 1,000 of the population, compared with 1·30 in the previous year.

Tuberculosis

There was a decrease in the number of cases of Tuberculosis notified, viz., 123 cases of Pulmonary Tuberculosis as against 155 last year, and 11 cases of other forms of the disease as against 21 cases last year. There has been a decrease in the death rate, 75 deaths occurring from Pulmonary Tuberculosis and 2 from other forms of the disease, as compared with 96 deaths from Pulmonary Tuberculosis and 9 from other forms the previous year, the death rates being 0·65 from the Pulmonary form and 0·02 from the Non-Pulmonary form, compared with 0·85 and 0·08 respectively in the previous year.

Cancer

There were 177 deaths from all forms of malignant disease as compared with 189 in the previous year, the death rate being 1·55 as against 1·67 in the previous year.

Venereal Diseases

The number of persons presenting themselves for examination shows a decrease, 345 new cases attending as against 413 in the previous year. 129 persons were found to be suffering from Venereal Disease (Syphilis 36, Gonorrhœa 93) and 216 persons were found not to be suffering from the disease. In the previous year the corresponding figures were 168 suffering from Venereal Disease and 245 not suffering from the disease.

Housing

Unfortunately the adverse effects of the housing shortage are still with us and my comments upon this situation last year still apply.

I should like to take this opportunity of thanking the Chairman and members of the Health Committee for the support and encouragement which they have given me during the year, and also the staff for their loyal and enthusiastic service.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ROSS,

July 1951. Medical Officer of Health.

SUMMARY OF STATISTICS

---

1. General Statistics

Area in Acres	8,777
Population ... ... (At Census 1951)	114,514
Number of Inhabited Houses (At Census 1931)	23,311
Number of Families ... ,, ,, ,, ...	24,953
Population 1950 (estimated)	114,500
Rateable Value	£591,807
Sum represented by a penny Rate	£2,315
Population per Acre	13.0

2. Extracts from Vital Statistics

Number of Live Births Registered	2,060
(Legitimate: M., 988 F., 968 Total 1,956)	
(Illegitimate: M., 48 F., 56 Total 104)	
Number of Still Births Registered	47
(Legitimate: M., 23 F., 21 Total 44)	
(Illegitimate: M., 1 F., 2 Total 3)	
Birth Rate per 1,000 population (Live Births)	17.99
Standardised Birth Rate	18.17
Number of Deaths (M. 664, F. 586)	1,250
Crude Death Rate per 1,000 population	10.92
Standardised Death Rate	12.34
Number of Women dying in or in consequence of Childbirth:	
From Puerperal Sepsis	—
From other Puerperal Causes	1
Maternal Mortality per 1,000 (live and still) Births ...	0.47
Number of Deaths of Infants under 1 year of age ...	59
Infant Mortality per 1,000 Births	28.64
Infant Mortality (legitimate infants) per 1,000 births ...	29.65
Do. (illegitimate infants do. ...	9.61
Death Rate per 1,000 Population, from—	
Respiratory Tuberculosis	0.65
All forms of Tuberculosis	0.67
Respiratory Diseases (excluding Tuberculosis)	1.44
Cancer	1.55
Seven Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup)	0.03
Death Rate from Diarrhœa and Enteritis of Children under 2 years of age, per 1,000 births	3.40
Deaths from Diarrhœa under 2 years	7
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	2

Coroner's Inquests

209 inquests were held in the Borough during the year (135 males and 74 females).

Post-Mortem Examinations ordered by Coroner ...	182

Summary of Inquests	M.	F.
Death by Murder	—	—
,, Suicide	5	8
,, Manslaughter and Infanticide ...	—	—
,, Self-induced Abortion	—	—
,, Neglect	—	—
,, Want of Attention at Birth ...	—	—
,, Want, Exposure, etc.	1	—
Accident or Misadventure	44	31
Death from Natural Causes	85	30
Stillborn	—	1
Open Verdicts	—	—
Inquests adjourned	—	4
	135	74
Inquests on children suffocated whilst in bed (accidental)	1	1
Inquests on bodies of newly born children ...	—	—

Vital Statistics

The Birth Rate shows a decrease, being 17·99 per 1,000 of the population, compared with 19·50 for 1949, the figures for England and Wales being 15·80 and 16·70 respectively, and for the Great Towns 17·60 and 18·70.

The Illegitimate Birth Rate shows a decrease, being 0·91 per 1,000 of the population, compared with 0·93 for 1949. There were 104 illegitimate births in 1950 and 105 in 1949. There was a decrease in the Death Rate, this being 10·92 per 1,000 of the population, compared with 11·70 for 1949, the figures for England and Wales being 11·60 and 11.70, and for the Great Towns 12·30 and 12·50 respectively. The Infant Mortality Rate shows a decrease, being 28·64 per 1,000 births against 55·63 in 1949. The rate for England and Wales was 29·80 and 32·00, and for the Great Towns 33·80 and 37·00 respectively. The illegitimate Infant Mortality Rate has decreased to 9·61 per 1,000 illegitimate births from 57·14 in 1949. There was 1 Maternal Death, giving a Maternal Death Rate of 0·47 per 1,000 live and still births, against 1·32 in 1949. The respective rates for England and Wales were 0·86 and 0·98.

The Death Rate from Respiratory Tuberculosis has decreased to 0·65 per 1,000 of the population, from 0·85 in 1949. From other Respiratory Diseases the Death Rate has slightly increased, being 1·44 against 1·30 in 1949.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN WALSALL COUNTY BOROUGH 1950

As furnished by the Registrar-General

Causes of Death.	Sex	All Ages	0–	1–	5–	15–	25–	45–	65–	75–
ALL CAUSES	M.	664	33	6	4	10	44	209	185	173
	F.	586	26	6	5	8	44	128	150	219
1. Tuberculosis—Respiratory	M.	49	—	—	—	4	20	21	3	1
	F.	26	1	—	—	5	15	3	2	—
2. Tuberculosis—Other	M.	2	—	—	—	—	—	—	1	1
	F.	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease	M.	1	—	—	—	—	—	—	1	—
	F.	—	—	—	—	—	—	—	—	—
4. Diphtheria	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M.	1	1	—	—	—	—	—	—	—
	F.	1	1	—	—	—	—	—	—	—
6. Meningococcal Infections	M.	1	—	—	—	1	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	M.	2	—	—	1	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—
8. Measles	M.	—	—	—	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	M.	2	—	—	—	1	—	1	—	—
	F.	1	—	—	—	—	—	—	1	—
10. Malignant Neoplasm—Stomach	M.	13	—	—	—	—	—	4	6	3
	F.	10	—	—	—	—	2	2	3	3
11. ,, ,, Lung, Bronchus ...	M.	26	—	—	—	—	3	19	3	1
	F.	4	—	—	—	—	—	1	2	1
12. ,, ,, Breast	M.	1	—	—	—	—	—	—	—	1
	F.	16	—	—	—	—	2	8	4	2
13. ,, ,, Uterus	F.	6	—	—	—	—	—	4	2	—
14. Other Malignant and Lymphatic Neoplasms	M.	53	—	—	—	—	3	15	23	12
	F.	48	—	—	—	—	1	15	14	18
15. Leukæmia, Aleukæmia	M.	4	—	1	—	—	—	1	1	1
	F.	4	—	—	—	—	—	3	1	—

16. Diabetes	M.	4	—	—	—	—	—	1	2	1
	F.	9	—	—	—	—	—	1	6	2
17. Vascular Lesions of Nervous System ...	M.	50	—	—	—	—	—	15	16	10
	F.	59	—	—	—	—	1	12	22	24
18. Coronary Disease, Angina	M.	54	—	—	—	—	1	19	26	8
	F.	38	—	—	—	—	1	10	16	11
19. Hypertension with Heart Disease ...	M.	28	—	—	—	—	—	7	10	11
	F.	37	—	—	—	—	—	9	14	14
20. Other Heart Disease	M.	96	—	—	—	1	—	19	29	47
	F.	112	—	—	—	1	2	19	25	65
21. Other Circulatory Disease	M.	20	—	—	—	—	1	5	5	9
	F.	22	—	—	—	—	—	3	7	12
22. Influenza	M.	7	—	—	—	—	1	3	1	2
	F.	7	—	—	—	—	—	—	1	6
23. Pneumonia	M.	28	4	2	—	—	—	9	8	5
	F.	31	7	—	—	—	5	1	5	13
24. Bronchitis	M.	60	1	—	1	—	1	18	22	17
	F.	33	—	—	1	—	2	9	10	11
25. Other Diseases of Respiratory System ...	M.	10	—	—	1	—	1	7	—	1
	F.	3	—	—	—	—	—	1	—	2
26. Ulcer of Stomach and Duodenum ...	M.	17	—	—	—	—	1	9	5	2
	F.	3	—	—	—	—	—	2	1	—
27. Gastritis, Enteritis and Diarrhoea ...	M.	5	3	1	—	—	—	—	1	—
	F.	5	2	1	—	1	—	—	—	1
28. Nephritis and Nephrosis	M.	10	—	1	—	—	1	5	1	2
	F.	6	—	—	—	—	1	3	1	1
29. Hyperplasia of Prostate	M.	15	—	—	—	—	—	2	6	7
30. Pregnancy, Childbirth, Abortion	F.	1	—	—	—	—	1	—	—	—
31. Congenital Malformations	M.	8	5	—	—	—	1	2	—	—
	F.	2	—	2	—	—	—	—	—	—
32. Other defined and ill-defined Diseases ...	M.	72	17	1	1	1	4	17	11	20
	F.	71	14	—	—	1	8	11	9	28
33. Motor Vehicle Accidents	M.	10	—	—	—	2	2	3	2	1
	F.	8	—	1	—	—	1	3	2	1
34. All Other Accidents	M.	9	2	—	—	—	2	4	1	—
	F.	10	1	1	1	—	—	1	2	4
35. Suicide	M.	5	—	—	—	—	1	2	1	1
	F.	8	—	—	—	—	2	6	—	—
36. Homicide and Operations of War ...	M.	1	—	—	—	—	—	1	—	—
	F.	4	—	—	3	—	—	1	—	—

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1950

Notifiable Disease	Cases Notified in Whole District													Total Cases Notified in Each Ward									
	At All Ages	At Ages—Years												Bloxwich Ward	Leamore Ward	Harden Ward	Birchills Ward	Hatherton Ward	Paddock Ward	Bridge Ward	Pleck Ward	Caldmore Ward	Palfrey Ward
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 65	65 and upwards										
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	2	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
Erysipelas	14	—	—	—	—	—	—	—	—	3	3	7	1	5	1	6	1	—	—	—	1	—	—
Scarlet Fever	157	1	5	10	20	24	83	9	3	1	1	—	—	25	18	59	3	3	9	5	13	13	9
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	290	22	32	45	49	44	94	2	2	—	—	—	—	34	12	103	19	14	28	10	30	21	19
Whooping Cough ...	690	68	112	101	124	93	179	8	3	2	—	—	—	160	43	238	28	34	54	8	77	29	19
Puerperal Pyrexia ...	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—
Meningococcal Infection	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—

Polimyelitis—Paralytic	25	1	4	2	4	2	4	4	1	2	—	1	—	1	—	2	1	4	5	1	1	4	6
,, Non-Paralytic	5	—	1	—	1	1	1	—	1	—	—	—	—	—	—	1	1	—	—	1	2	—	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	1
Acute Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Primary and Influenzal Pneumonia	183	16	16	13	8	3	22	6	12	6	19	48	14	25	14	85	5	4	7	4	18	9	12
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	25	1	2	4	8	3	3	1	3	—	—	—	—	8	1	12	—	—	1	—	3	—	—
Food Poisoning ...	44	32	1	—	—	1	1	—	—	2	1	—	6	6	1	7	1	1	3	1	19	1	4
Tuberculosis of Respiratory System	123	—	—	—	—	1	2	1	30	31	21	29	8	13	8	40	6	3	12	11	8	5	17
Other Forms of Tuberculosis	11	—	—	2	—	—	2	1	2	3	1	—	—	—	—	4	1	1	2	2	—	—	1
TOTALS ...	1577	147	173	177	214	173	391	33	58	50	47	85	29	279	98	560	66	65	123	43	172	82	89

INFECTIOUS DISEASES

Diphtheria

2 cases of Diphtheria were notified, compared with 3 in 1949. There were no fatal cases. 1 of the cases occurred in a non-immunised person. 1,526 children (570 under the age of five years and 956 between the ages of five and fifteen), were immunised against the disease. 1,413 children were given a reinforcing dose.

Scarlet Fever

157 cases of Scarlet Fever were notified during the year, as compared with 167 in the previous year. The disease was of a mild character and there were no deaths.

Measles

Measles was less prevalent, 290 cases being notified as compared with 2,478 in the previous year. There was 1 death.

Whooping Cough

690 cases of Whooping Cough were notified as compared with 451. There were two fatal cases.

Acute Primary or Influenzal Pneumonia

183 cases were notified as compared with 195. There were 59 deaths from this cause during the year, an increase of 8 on the previous year. Influenza accounted for 14 deaths as compared with 20 in the previous year.

Dysentery

Twenty-five cases of Dysentery were notified during the year.

Other Diseases

Fourteen cases of Erysipelas, 4 cases of Ophthalmia Neonatorum, 2 cases of Meningococcal Infection and 2 cases of Puerperal Pyrexia were notified during the year.

Poliomyelitis

Twenty-five cases of paralytic Poliomyelitis, and 5 cases of non-paralytic poliomyelitis were notified during the year 1950. The first case was notified to the department on the 13th May and the first five cases occurred at weekly intervals, 3 cases were notified in the week ending 22nd July and 3 in the week ending 29th July, 4 in week ending 5th August and 3 in week ending 12th August. Thereafter the cases occurred more or less at weekly intervals, the last case being notified on the 18th November. The majority of the cases were admitted to Moxley Isolation Hospital, but some of the cases were treated at the General and Manor Hospitals in Walsall and 2 cases remained at home.

Considering the large number of cases that occurred in the Midlands, the borough must be considered to have had a comparatively light incidence.

Salmonella Infection

In November there occurred an interesting outbreak of enteritis due to the relatively rare Salmonella adelaide. The outbreak was confined to a local general hospital and mainly affected the pædiatric unit and neonatal nursery attached to the maternity unit. In all there were 47 cases, distributed as follows:—

16 babies aged between 1 week and 12 months,
24 neonatal infants in the maternity unit nursery,
6 adults and
1 child aged 5 years.

There were no deaths.

I have included the note on this outbreak under this heading rather than that of Food Poisoning, firstly because no item of food was incriminated, and secondly the onset and course of events strongly suggested case-to-case infection of the enteric type. Clinically the disease was very mild, being characterised by diarrhœa in the neonatal babies and adults; by diarrhœa and occasional vomiting, with pyrexia of the order of 100°F, in the babies between one week and one year. Eleven members of the nursing and domestic staff, found to be harbouring Salmonella adelaide on routine investigation, remained without exception perfectly fit and gave no history of intestinal disturbance. This latter point added considerably to our difficulties in controlling the spread of infection.

In all, the outbreak lasted from the first week of November until the last week in January, 1951. An extended search failed to reveal any food source, special attention being given to imported protein foods. Furthermore, in the baby unit there were wide variations in diets without apparently affecting the incidence of infection, whilst in the neonatal unit the great majority of the affected children had been breast fed and infection appeared to be acquired frequently between 24-36 hours from birth, diarrhœa often occurring on the third day of

life. The weight of evidence would support the view that this salmonella infection was introduced to the hospital in the last few days of October or the early days of November, either through the agency of a healthy carrier, or more probably of an infant under one year who was admitted with gastro enteritis to the pædiatric unit, where the first group of cases occurred. It is important to note that widespread investigation in the borough and in the adjacent sanitary districts failed to reveal any evidence of Salmonella adelaide infection in the population served by the hospital. The outbreak was finally ended by applying the usual methods of control, although initially some failures were encountered on account of the presence of unsuspected healthy carriers.

As a result of a survey of the hospital and ward kitchens and of the facilities for nursing and other staff, various recommendations were made to the hospital authorities with a view to improving the general standard of hygiene in the hospital, although it was not possible to establish that the various deficiencies found had in fact contributed to the present outbreak.

Not the least important feature of this investigation was the close co-operation between the Public Health Department, the Hospital Staff, Medical and Nursing, and the Public Health Laboratory Service, whilst the mild nature of the outbreak enabled us to carry out the various investigations and measures of control with relative impunity.

NURSING HOMES

At the end of the year there were two nursing homes in the borough to which maternity cases are admitted and one nursing home for old people. The two maternity nursing homes are registered to take a total of 9 maternity cases, and the home for aged persons is registered to take two cases. No new homes have been registered during the year.

As mentioned in last year's report, the nursing homes are finding it increasingly difficult to attract patients now that the free service under the National Health Service Act is available and it is expected that one of the nursing homes will close down early in 1951, thus leaving only one small nursing home for maternity cases within the borough.

The Senior Medical Officer for Maternity and Child Welfare paid a total of 9 visits to all the homes during the year and found them to be in a satisfactory condition.

There were no outbreaks of infectious disease during the year.

SCABIES TREATMENT

The Scabies Clinic at Hatherton Road is still maintained, but the number of cases is slowly declining. It is hoped that the number of sessions and personnel engaged will be reduced in the coming year.

The availability of the clinic and the ease with which treatment can be obtained has undoubtedly done much to eradicate scabies in the town and we are hopeful that persistent attention to this problem will further reduce the number of cases.

During the year 24 men, 32 women and 83 children received treatment, these cases making a total number of 253 attendances for this purpose.

CLEANSING OF PERSONS

The arrangement whereby unclean persons are cleansed at Beacon Lodge has been continued and throughout the year 37 persons received the necessary treatment by arrangement with the Health Department.

Plans have been approved for the establishment of a cleansing station at Hatherton Road in conjunction with the Scabies Clinic and it is hoped the station will be in operation during 1951.

NURSERIES AND CHILD-MINDERS

The Nurseries and Child-minders Regulations Act, 1948 provides for the registration of nurseries and child-minders where children numbering more than 2 and who come from more than one household are cared for. The Act does not apply to the care of children by relatives.

The care of such children in Walsall has never been a serious problem and up to the end of the year no premises or persons had been registered under the Act.

PATHOLOGICAL EXAMINATIONS

The arrangements outlined in last year's report for the examination of pathological and bacteriological specimens by the National Laboratories Service have continued throughout the year. The laboratory, situated at Stafford, is directed by the Medical Research Council for the Ministry of Health, and the service is a complete one covering all our possible requirements. The laboratory has instituted a motor collection service and our thanks are due to the Director for the trouble he has taken to give us such an efficient service.

The medical staff of the Health Department send specimens for examination regularly and the service is also open to any of the local medical practitioners.

The bacteriological examination of milk and other specimens is also carried out.

PUBLICITY

The campaign of Health Education has been steadily maintained throughout the year. Appropriate posters, supplied by the Central Council for Health Education, are displayed at the Welfare Centres, Clinics and waiting rooms, and co-operation has also been developed with the Royal Society for the Prevention of Accidents. Many useful posters are issued by the latter body, drawing the attention of parents to dangers in the home from common household articles, fire, etc., and we feel this to be a necessary part of the education of the young mother. The Diphtheria Immunisation publicity campaign has been pursued continuously.

The system of personal approach to parents relating to vaccination and infant diphtheria immunisation has been continued during the present year. Briefly this approach consists of a reminder, which is sent to parents when their child attains the age of three months, of the facilities which are available for vaccination against smallpox and inviting parents to make an appointment to have their child vaccinated. Upon the child attaining the age of one year a Birthday Card is sent to each child which also reminds the parents of the need for Diphtheria Immunisation and an invitation to make an appointment for this to be carried out. On the whole we feel these steady and persistent reminders of the dangers of diphtheria, and the way in which the disease can be prevented, ultimately has its effect, and, whilst we would wish for a much higher percentage of acceptances both for Diphtheria Immunisation and Vaccination, nevertheless the progress made in educating the public must be accounted reasonably satisfactory.

Some very successful lectures have been given by the staff of the Health Department, particular attention being paid to talks to Parent-Teacher Associations, women's groups and youth organisations. These lectures are in addition to the mothercraft and hygiene instruction which is given to the older girls in the Secondary Modern Schools, details of which are included in my report as School Medical Officer. We value highly the opportunity of speaking to the groups mentioned above, for with the stimulus of question and answer after the initial talk we really feel we are helping people to understand the services which we provide. Our only regret is that more of these talks cannot be arranged, although on our part we make every effort to do so. Miss Johnson, the Superintendent Health Visitor is responsible for most of the lectures mentioned above and we have evidence that her meetings are very successful. Our thanks are due to her for the trouble she takes to give these lectures outside her official duty hours.

As we mentioned in last year's report, particular attention is always paid to the opportunity which presents itself when callers attend at the Health Department. Wherever possible the service about which an enquiry is made is explained in a sympathetic manner and every assistance is always given to enable the enquirer to understand fully what services are available and how best to take advantage of the facilities offered. Our endeavour is always to build up goodwill between the public and the Health Department, for the more we understand each other's problems the better the service will be.

VENEREAL DISEASES

On the 5th July, 1948 the Venereal Diseases Clinic at Manor Hospital was transferred to the Regional Hospital Board and as from that date the Council is no longer responsible for the work carried out at the Clinic.

We are, however, still concerned with the incidence of Venereal Diseases in the town and shall continue to work in close co-operation with the Venereal Diseases Medical Officer.

The following table shows the work of the Venereal Diseases Clinic during the year: —

TABLE SHOWING THE WORK OF THE VENEREAL DISEASES CLINIC DURING THE YEAR 1950

	Syphilis		Gonorrhœa		Conditions other than Venereal		Totals		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	
Number of cases on Register 1st January, 1950	83	63	62	20	16	11	161	94	255
Number of old cases returned for treatment or observation of same infection	2	6	—	—	—	—	2	6	8
Number of new cases dealt with for the first time ...	22	14	81	12	112	104	215	130	345
Number of new cases transferred from other centres ...	1	2	2	—	—	—	3	2	5
Total cases dealt with	108	85	145	32	128	115	381	232	613
Attendances—Medical examinations	1103	592	1290	154	582	323	2975	1069	4044
Irrigation, dressings	—	—	48	—	82	—	130	—	130
Total attendances	1103	592	1338	154	664	323	3105	1069	4174
Walsall persons treated at Centres in other towns ...	1		1		15		17		17
Number of new cases attending during 1950 Walsall	27		55		116		198		198
Staffordshire	9		38		100		147		147

	Microscopical		Cultural	Serum		Cerebro-Spinal Fluid	Others for Diagnosis of Venereal Disease
	for Syphilis	for Gonorrhœa	for Gonorrhœa	for Syphilis	for Gonorrhœa		
Pathological Work— Specimens examined at Walsall Clinic ...	109	1060	—	—	—	—	26
do an Approved Laboratory	—	—	—	680	1	17	—

NATIONAL HEALTH SERVICE ACT

1946

HEALTH CENTRES

As previously reported, several sites for Health Centres have been reported to the Health Committee for reservation in various parts of the town, but no progress has been made in the provision of such Centres.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr. I. M. Brown, the Senior Medical Officer of Health for Maternity and Child Welfare, has supplied the following report upon the Maternity and Child Welfare work in the department: —

"In the two years which have elapsed since the coming into force of the National Health Service Act, 1946, there has been a steady decline in attendances at the Ante-Natal Clinics. The number of expectant mothers now attending is approximately one half of the number attending in 1948, the following being the actual numbers of cases and attendances.

	1948	1950
New Cases	1,135	... 528
Attendances	6,114	... 3,151

This reduction was to be expected, I think, in view of the comprehensive general practitioner service now available without cost to every expectant mother, and the reduction has also been influenced by the fact that admission to maternity beds in the two hospitals is not now necessarily obtained through the Ante-Natal Clinics.

It is possible, as the Health Service becomes more settled, that expectant mothers may prefer to attend the Ante-Natal Clinics rather than their own medical practitioners, thus relieving the busy medical practitioner of a considerable amount of supervision. The Clinics can carry out for practitioners a great deal of routine work such as Rhesus and other blood tests together with general supervision; the ultimate responsibility for the cases would remain with the general practitioner.

During the year 487 blood tests were taken at the clinics. Of these six were referred to the Venereal Diseases Clinic for treatment, 3 Rhesus negative patients were referred to hospital for treatment and it is interesting to note that two of the babies of these patients were treated satisfactorily and are now healthy, but the third died of jaundice in spite of treatment.

The demand for hospital confinement is still maintained and we are glad to note that there is a prospect of more maternity beds becoming available at the Manor Hospital in 1951. In the meantime the difficulty of the shortage of beds is being overcome by the discharge of patients to their own homes in the early days of the puerperium, the domiciliary midwifery service continuing the nursing of such mothers. Four hundred and fifty five mothers in this category were attended as compared with 293 in 1948. In addition to this work our midwifery service was responsible for 1,179 confinements at home representing 1.193 births out of a total of 2,256 births which occurred in the borough as a whole.

In June the Walsall Hospital Management Committte were able to commence the training of pupil midwives for Part II of their certificate at Manor Hospital and arrangements were made for these pupils to take their district training under the supervision of our midwifery staff, certain of the midwives being approved by the Central Midwives Board for this purpose. The scheme, although in its early stages, appears to be working satisfactorily and it is hoped to stimulate the interest of recruits through this means.

The attendance at the Child Welfare Centres again showed a further decline from 31,290 in 1948, 29,008 in 1949 to 26,960 in 1950.

Whilst the fall is not very serious, the figures indicate that parents are taking advantage of the medical practitioner service and that the children are, in one way or another, receiving appropriate medical supervision. At the same time the educative aspect of the Welfare Centre is most important, and we are always engaged upon the task of impressing upon the young mother the need for attendance at the centre at least for this purpose.

The arrangement whereby a member of the medical staff at Manor Hospital interchanges with a member of the public health staff at the Child Welfare Centres and the Pædiatric Clinic at Manor Hospital has been continued during the year, Dr. Lindop of Manor Hospital attending one of our Child Welfare sessions and I myself attending a session at Manor Hospital conducted by Mr. Everley Jones. The arrangement is of great value to both parties and will be continued if at all possible.''

INFANT WELFARE CENTRES

The following tables show the attendances at the five infant welfare centres and four ante-natal and post-natal clinics in the Borough.

Attendances Registered at the Infant Welfare Centres during 1950

Centre	Under 6 months		6—12 months		1—2 years		2—5 years		Total		New Cases
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	
Pool St. ..	1564	397	1025	183	926	228	918	184	4433	992	208
Field Rd. ..	3267	1020	1755	380	1021	276	1596	265	7639	1941	524
Littleton St.	1711	463	1030	152	631	162	966	124	4338	901	221
Countess St.	2034	615	1507	398	1069	253	959	235	5569	1501	251
Ida Rd. ..	2034	481	981	212	846	173	1120	191	4981	1057	252
Totals ..	10610	2976	6298	1325	4493	1092	5559	999	26960	6392	1456

A.—Attendances. M.—Medical Examinations.

Attendances Registered at the Ante-natal and Post-natal Clinics during 1950

	Pool St.		Field Rd.		Countess Street		Ida Rd.		Totals	
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.
Ante-natal Cases ...	523	339	1525	1080	301	228	802	548	3151	2195
Ante-natal New Cases	102		223		72		131		528	
Post-natal Cases ...	3	3	6	6	1	1	—	—	10	10
Post-natal New Cases		3		6		1		—		10

A.—Attendances. M.—Medical Examinations.

During the year consideration was given to the provision of additional centres in the newly populated areas and arrangements have been made for a Welfare Centre to be established at the Community Centre in the Dudley's Fields area as soon as the necessary equipment and alterations have been effected. Proposals were also submitted for the establishment of a new infant welfare centre in the Delves area, but after long consideration and the submission of the proposals to the Ministry of Health the project was deferred for the time being.

DENTAL TREATMENT

Owing to the lack of staff it has not been possible to implement the proposals made under Section 22 of the National Health Service Act for the extension of the dental service to expectant and nursing mothers, and children under the age of five years who are not in attendance at school.

These proposals provided for adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an Ante-natal Clinic; for the periodical examination of children under the age of 5 years and for the necessary treatment to be provided where required, particular attention to be paid to conservative treatment.

Day Nurseries

The two day nurseries, one situated at the Bescot Methodist Schools and the other at the Blakenall Congregational Schools have both been full to capacity throughout the year. There is a very heavy demand for places at each nursery, but the screening of applications resulted in the waiting lists being considerably reduced, consideration being given only to the class of applicants which the Ministry of Health decided should be admitted to day nurseries.

Proposals were prepared during the year for the establishment of permanent day nurseries in properly designed premises instead of the church premises at present in use and consultations were held with officers of the Ministry of Health upon the subject. Eventually the Council's proposals were postponed mainly on the grounds of financial stringency and we must await a more favourable opportunity before proceeding further.

The existing premises are far from suitable for the purpose of day nurseries and, on account of their inadequacy, the nurseries cannot be recognised as training schools for day nursery student nurses. It is to be hoped, therefore, that the provision of at least one new day nursery will not be unduly delayed.

The following table shows the average attendances at the nurseries during the year:—

Day Nursery	Average No. on Register	Total No. of attendances	Average daily attendances
Bescot ...	64	12,956	52.9
Blakenall ...	57	11,408	46.1

Maternity Outfits

The Health Committee has continued the provision of maternity outfits to each expectant mother confined at home and during the year 1950 1,232 maternity outfits have been issued.

As from October a new type of outfit, as recommended by the Ministry of Health, has been supplied, containing the following:—

12 Extra Large Maternity Pads } individually
24 Large Maternity Pads } wrapped
1 Sheet Tarred Brown Paper, 30 x 36
1 Accouchement Sheet, 24 x 24
4 2-oz. packets Surgeons Wool
3 1-yd. Linen Thread
6 Cord Dressings (5 x 5 lint)
6 Packets Sterilized Cord Powder.

The distribution of the outfits is made through the Municipal Midwives, a sufficient stock being maintained by them to meet all possible needs. There is no doubt the provision of these outfits has been of great benefit to mothers whose confinements are to take place at home and we know they are very much appreciated. The Midwives, also, are assured of adequate equipment for the confinement, together with sterile dressings, and their work has been facilitated accordingly.

Provision of Foods

The sale of Infant Foods of various kinds has been continued at the Welfare Centres throughout the year and we are glad to report that we have been able to meet every demand which has been made upon this service. In addition to the proprietary foods which are sold at the Centres, National Dried Milk is also available. National Dried Milk is also obtainable direct from the Food Office, and we again put on record that in our opinion it would be much more satisfactory if the sale of National Dried Milk was centred entirely at the Welfare Centres. Mothers who attend at the Food Office for their supplies often do not make the additional journey to the Welfare Centre and the supervision of these children is thereby not so easily maintained. We would stress also that the ease with which National Dried Milk can be obtained is an encouragement for the mother to bottle feed her baby, and by the time the child does attend at the Welfare Centre, it is too late for breast feeding to be established.

The following table shows the types and amounts of foods sold during the year at the Welfare Centres and it will be noted that provision has been fully made for every type of food to be sold to meet individual children's needs:—

12,045	lbs. Cow and Gate Dried Milk
2,765	lbs. Ostermilk
1,375	lbs. Trufood
23	lbs. Frailac
68	lbs. Allergilac
98	lbs. Daltose
12	tins Nestles Milk
1,740	tins Lactagol
2,044	tubs Virol
3,093	tins Ovaltine
219	lbs. Cod Liver Oil and Malt
1,317	pkts. Farex
538	pkts. Scotts Cereal Infant Food

In addition, should any child need a special food, even for only a limited period, steps are immediately taken to obtain a supply for the mother, though the purchase of such foods may occasionally involve the department in a slight financial loss.

Arrangements have been made for National Dried Milk, Orange Juice and Cod Liver Oil to be distributed at all ordinary welfare and ante-natal sessions, so that there is no need for the mother to make an additional journey to the centres to obtain her supplies.

UNMARRIED MOTHERS AND CHILDREN

Care of Illegitimate Children. The Walsall County Borough, as the Welfare Authority, is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

The following report has been supplied by the Secretary of the Lichfield Diocesan Association for Moral Welfare Work:—

"Forty-six cases in which illegitimate births occurred in 1950 have been dealt with by Sister Ellis, the Outdoor Worker for the area.

15 mothers remained in their own homes for their confinements.
17 mothers went to hospital.
1 mother went to a private nursing home.
10 expectant mothers went into Diocesan Homes about two months before their babies were due to be born and remained until satisfactory arangements were made for them and their babies.
2 mothers went to Roman Catholic Homes.
1 mother after being interviewed and advised moved away.

The babies born in 1950 were accommodated as follows:—

28 with their mothers at home.
1 kept in hospital.
10 adopted through Diocesan Association.
2 with mothers in situations.
1 in Children's Nursery.
1 placed by mother for adoption.
1 placed with foster-parents.
2 stillborn.
1 died.

Sister Ellis has given help in 13 cases in which Affiliation Orders have been granted. In two cases there was insufficient evidence to procure an Order.

Several mothers who had applied for help prior to 1950 have been kept in touch with and arrangements made in 9 cases of girls whose babies were expected in 1951."

PREMATURE INFANTS

Notifications were received in respect of 158 infants whose birth weight was 5½ lbs. or under, an increase over the previous year when 146 such infants were notified to us. In some cases the notifications applied to infants who, although the birth weight was 5½ lbs. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 158 infants notified, 80 were born at home, 69 in hospital, and 9 in private nursing homes. There were 11 sets of twins. 10 of the infants born at home were transferred to hospital. Six of the infants nursed entirely at home died as follows: 5 in the first 24 hours and 1 between the eighth and twenty-eighth day. Five of the 10 infants who were born at home, and transferred to hospital, died as follows: 1 in the first 24 hours and 4 between the second and eighth day.

Six of the infants born in hospital died as follows: 4 in the first 24 hours, 1 between the second and eighth day, and 1 between the eighth and twenty-eighth day. The remainder, 69 born at home, 63 born in hospital and 9 born in private nursing homes, survived at the end of 28 days.

Of the 59 infants who died under the age of one year, 14 were certified as having died from prematurity; 13 of these babies were of low birth weight.

Emergency Maternity Service

Arrangements are in force for the services of an emergency team of doctors and nurses from Manor Hospital, with the necessary equipment, to attend complicated cases of labour on the district when required.

Maternal Mortality

There was one maternal death during the year. The death rate is 0·47 per thousand of live and still births, as against a death rate in England and Wales of 0·86.

Infectious Diseases

There were four cases of Ophthalmia Neonatorum notified during the year. In all these cases, after treatment, the vision was unimpaired and all the infants made a good recovery.

There were two cases of Puerperal Pyrexia notified during the year.

INFANT MORTALITY

The Infant Mortality Rate for the year is 28·64 per thousand births, the lowest Infant Death rate ever recorded in the history of the borough. Last year the Death Rate was 55·63 and the previous lowest death rate was 42·76 in 1948. The Infant Death Rate for England and Wales in 1950 was 29·80 and 33·80 for the Great Towns.

The record low infant death rate now recorded is particularly satisfactory on account of the infant lives which have been saved and we ourselves have the satisfaction of knowing that our work of many years is bearing fruit. The reduction in the infant death rate of 1950 is very remarkable for an industrial town.

In seeking the reason for this saving of infant life one recognises that the organisation which has been in existence for many years has had its effect in the more enlightened approach to the care of children. The young mother is now conversant with the essential principles of feeding and rearing her child and it is this, backed by the medical services now available to everyone, which account, in the main, for the remarkable reduction in the infant death rate this year.

Great credit is due to the medical practitioners of the town, to the hospitals and to the medical and nursing staff of the health department, for the combined effort which they have made for many years in the saving of infant life.

Whilst it is perhaps too much to hope that this extremely low rate for Walsall can be maintained, I feel sure that the services concerned with this problem will never slacken their efforts to achieve the maximum saving of infant life. Circumstances sometimes are against the medical and nursing staffs; outbreaks of gastro-enteritis can very quickly alter the whole position, but I think we can take some credit for the splendid record achieved in 1950. There is excellent co-operation between the services concerned and this must be maintained if satisfactory results are to be obtained.

INFANT MORTALITY DURING THE YEAR 1950

Nett Deaths from stated Causes at various ages under One year of age

Causes of Death	Total Deaths under 1 year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 & under 3 months	3 & under 6 months	6 & under 9 months	9 & under 12 months	Bloxwich	Leamore	Harden	Birchills	Hatherton	Paddock	Bridge	Pleck	Caldmore	Palfrey
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	2	—	—	—	—	—	1	—	—	1	1	—	—	—	1	—	—	—	—	—
Other Common Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	5	—	—	—	—	—	2	3	—	—	1	—	2	—	1	—	1	—	—	—
Premature Birth ...	14	13	—	—	—	13	1	—	—	—	2	—	5	—	1	2	1	3	—	—
Congenital Malformations Birth Injury; Infant Diseases	14	8	—	2	—	10	3	1	—	—	2	1	2	1	2	1	2	1	—	2
Tubercular Diseases ...	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Bronchitis & Pneumonia	12	—	—	—	—	—	3	4	2	3	1	—	5	—	1	2	1	1	—	1
Other Causes	11	3	—	3	—	6	—	2	1	2	3	1	3	—	—	—	1	2	1	—
Totals	59	24	—	5	—	29	10	10	3	7	11	2	17	1	6	5	6	7	1	3

Nett Births in the Year—Legitimate, 1,956; Illegitimate, 104.

Nett Deaths in the Year of Legitimate Infants, 58; Illegitimate Infants, 1.

MIDWIFERY SERVICE

The number of births registered during the year was 2,060, a decrease of 151 over the previous year. 1,179 cases representing 1,193 births were attended by the Municipal Midwifery Staff, who were also responsible for 6,294 ante-natal home visits to their patients.

All the midwives, with one exception, are qualified to administer analgesia, having received their training either at the Birmingham Maternty Hospital, where special courses were arranged, or as a part of their S.C.M. qualification. The Department has provided six gas and air outfits and these are available for use in any part of the town. The outfits are conveyed to the patient's home at the request of the midwife by the ambulance and car service, thus ensuring the minimum delay when the outfit is required. The service is much appreciated by the patients and those availing themselves of the anæsthetic speak highly of the relief obtained. During the year 544 expectant mothers who were confined at home availed themselves of the gas and air facilities.

In conjunction with the Walsall Hospital Management Committee the Department arranged for pupil midwives taking their training for the qualification of State Certified Midwife at Manor Hospital to receive their district training under the supervision of the Council's Midwifery Staff. The scheme commenced on 1st June, 1950 and up to the end of the year four pupils had received training under Municipal Midwives approved by the Central Midwives' Board. We are glad to assist in the training of pupils and hope the scheme will progress satisfactorily.

Over one-half of the total number of births occurred on the district and it is our aim to encourage mothers to have their confinements at home whenever this is possible. The Midwifery Service provides trained staff, free of charge, together with free maternity outfits and a personal relationship which means so much to the expectant mother.

Our midwifery establishment is now almost complete and we are able to meet all the demands made upon the service, indeed our Midwives undertake the nursing of mothers discharged from the Maternity Units before the fourteenth day from their confinement and during 1950, 455 such mothers were attended. Although this additional nursing throws a considerable volume of work upon the service we are always glad to assist the hospitals in order that as many mothers as possible, requiring institutional confinement, should be enabled to obtain admission. We are very glad indeed to have maintained this excellent co-operation with the Walsall Hospital Management Committee's provision; indeed, without this effective co-operation the Midwifery Service of the town would be greatly handicapped.

The shortage of midwifery nursing staff in the Maternity Unit at Manor Hospital is slowly being overcome and we look forward to the time when patients admitted to the hospital will be able to remain for the full period of their confinement.

We have again to record the excellent co-operation which exists between Manor Hospital and the extern Ante-Natal Clinics and to report that no difficulty has occurred in obtaining admission from the Clinics for any case judged to require hospital treatment.

Domiciliary Midwifery Service—1950

(including Nursing Homes)

	Domiciliary Midwives	Midwives in Nursing Homes	Totals
No. of Midwives practising in the Borough at the end of 1950 (excluding Hospitals)—			
(*a*) Employed by the Council ...	16	—	16
(*b*) In private practice	—	4	4
	16	4	20
	Domiciliary Cases	Cases in Nursing Homes	Totals
No. of cases in the Borough attended by Midwives—			
(*a*) Employed by the Council—			
(i) As Midwives	712	—	712
(ii) As Maternity Nurses ...	467	—	467
(*b*) In private practice—			
(i) As Midwives	—	56	56
(ii) As Maternity Nurses ...	—	109	109
TOTALS (i) As Midwives	712	56	768
TOTALS (ii) As Maternity Nurses ...	467	109	576

HEALTH VISITING

The scheme for the training of Health Visitors arranged in conjunction with the Birmingham City Council has again been in operation throughout the year, when we had two pupils undergoing training in Birmingham. Very slowly this scheme is providing us with our complement of qualified Health Visiting staff and will be continued

until we reach the required number of trained Health Visitors. At the end of the year we had ten trained Health Vistors on the staff, two Pupil Health Visitors and two State Registered Nurses who were employed as Clinic Nurses. At the time of writing I am pleased to say that the Health Visiting staff has now increased to twelve, with one Student Health Visitor and two Clinic Nurses and every endeavour is being made to obtain another Student Health Visitor for the course commencing in September 1951, though there is a great scarcity of suitable candidates.

As I stated in last year's report, trained Health Visitors are very loath to come to work in the highly industrialised areas and the scheme of training which we have adopted is perhaps the only way in which we can obtain sufficient staff for our needs. It is obvious I think that now National Salary Scales have been adopted and every trained Health Visitor receives the same salary, industrial areas are at a decided disadvantage as compared with the more attractive areas and it is for this reason we must still press forward with our training scheme.

The training scheme, in brief, allows for the payment of the training fees, examination fees, and three-quarters of the minimum health visitor's salary whilst training in Birmingham. On return to the department the health visitor, after successfully passing her examination, gives a minimum of two years' service to the Council.

We have continued arrangements with the Birmingham Health Visitors' Training Course whereby students attending that course come to Walsall for a part of their practical training and almost every aspect of the work of the department is covered during these visits. The students themselves are highly appreciative of the instruction they receive and of the methods and activities we are able to show to them, and they were particularly impressed by the completeness of the work which a town of this size is able to show. The picture of a health department is more readily seen in a town of 100,000 population than in a large city, and the students can more readily see the work as a whole.

It is unfortunate perhaps that in view of the shortage of housing accommodation so much of the health visitor's time should be absorbed in social enquiries with the consequent detriment to her real function, the home visitation of children. When staffs are depleted the health visitor's duties have to be apportioned as best they may between the routine duties which require to be performed, but we do look forward to the day when much more time can be spent in visiting the mother and child in the home. It is our constant endeavour to attain this ideal and I am glad to report that we are, year by year, progressing in that direction.

A number of our health visitors constantly give lectures to school children on mothercraft and personal hygiene and at the conclusion of the course of lectures an examination is held and certificates of proficiency are awarded. The course includes a visit to an Infant Welfare Centre where practical demonstrations are given to the girls and full opportunity is taken of this visit to explain very fully the function of the Welfare Centre. The girls are taught what services are available and how they can best be served by the facilities offered at the centre, and we feel that such familiarity with the services will be of good use in the years to come.

The Superintendent Health Visitor, in association with the Walsall Child Welfare Voluntary Association, commenced a sewing class for mothers, with a professional instructress, in the making of all children's garments and the remaking of old garments. The salary of the instructress was paid by the Voluntary Association and we tender our best thanks to this Association for its help and generosity. At the conclusion of the twelve weeks' course an exhibition of the work produced was held and proved to be outstandingly successful. The actual cost of producing the garment was indicated on each article and proved beyond doubt the practical value of this form of instruction. It is really amazing what can be produced for a comparatively small sum of money. The local press attended the exhibition and gave a very fair account of the garments exhibited and a photograph of the work was reproduced. It should be remembered also that advantage is taken of the assembly of mothers for these classes to give talks on parent-craft and the two subjects combined form a suitable afternoon's work.

It was found that as the lessons progressed and mothers overcame their diffidence, very worthwhile discussions were held with practical points of interest being contributed by the mothers, and I think all were sorry when this first session came to an end.

As a result of the progress that had been made, the Education Committee was approached to put the classes on a formal basis and after some negotiation the Committee was satisfied that this was a form of adult education which they could sponsor. As a result classes were commenced at Pool Street and Countess Street Welfare Centres and these were continuing at the end of the year. It is hoped to extend the classes to other centres in 1951.

Towards the end of the year the health visiting staff was busily engaged on the follow-up of cases and contacts of a Salmonella infection which called for a considerable amount of additional home visiting in an endeavour to control the outbreak of this infection.

Table showing visits paid by Health Visitors

Expectant mothers		Children under one year of age		Children between the ages of one and five		Other Classes		
First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	Totals Visits
611	710	2025	11422	—	21639	1252	2580	36351

HOME NURSING

The duty laid upon the Council to make provision for securing a nursing service for all persons who require nursing in their own homes is carried out by agreement with the Trustees of the Victoria Nursing Institution. The Institution provide the staff and a joint Committee of the Institution and the Council controls the Service. This arrangement is working quite well, and we are pleased to report an increase in the number of nurses employed.

The staff at the end of the year consisted of 1 Lady Superintendent, 1 Assistant Superintendent, 5 full-time Nurses and 7 part-time Nurses, an increase over the staff employed last year of 1 Assistant Superintendent and 3 part-time Nurses.

The provision of an adequate Home Nursing Service materially helps to shorten the stay in hospital for some of the patients and thereby releases beds for urgent cases. It was hoped that the Home Nursing Service would be able to take over the care of such complications of the puerperium as Puerperal Pyrexia, etc., to avoid a member of the Municipal Midwifery Staff being tied to one case, but we have not yet had the opportunity of putting this procedure into practice.

The Committee endeavoured to obtain the services of a male nurse during the year, but were unsuccessful, although the demand for the services of such an employee is general.

Tribute must be paid to the excellent work which the nursing staff performed during a difficult winter with a severe influenza epidemic placing a great strain on all those concerned. The value of the Home Nursing Service to the long-standing chronic cases who require nursing over long periods is very great and the service is much appreciated.

30,548 visits have been paid by the Nurses to patients in their own homes during the year, covering 807 cases. This compares with 637 cases dealt with in the previous year and we are glad to report this increase in the service provided.

VACCINATION AND IMMUNISATION

VACCINATION

During the year 328 Primary Vaccinations were carried out, 176 by doctors at the Infant Welfare Centres and 152 by General Practitioners.

There were 39 re-vaccinations and 28 unsuccessful vaccinations.

The following table shows the ages at vaccination and re-vaccination: —

	Under 1 year	1—4 years	5—15 years	15 years and over	Total
Vaccinated	137	162	8	21	328
Re-vaccinated ...	—	—	3	36	39

DIPHTHERIA IMMUNISATION

Arrangements are made at each of our Child Welfare Centres, Day Nurseries and School Clinics for the immunisation of children against Diphtheria. Visits are also paid to the schools for the immunisation of school children and for the administration of re-inforcing doses.

During 1950, 570 children under the age of five years and 956 between the ages of five and fifteen were immunised. In addition 1,413 children were given a re-inforcing dose.

Of the total, 256 childen were immunised by private medical practitioners under the Authority's scheme, the remainder being immunised by the Local Health Authority's own medical officers.

It is estimated that approximately 33·1% of all children under the age of five years have been immunised.

Diphtheria Immunisation

Table showing number of children immunised each year, by age groups

Year immunised	Under 5	5—14	Total	No. of children given re-inforcing injection	Cases of Diphtheria notified
1950	570	956	1526	1413	2
1949	1171	1167	2338	2111	3
1948	1224	1238	2462	4314	3
1947	1089	725	1814	333	14
1946	957	1104	2061	598	18
1945	1144	1409	2553	*	34
1944	1136	1610	2746		76
1943	1567	2488	4055		196
1942	1708	2766	4474		201
1941	883	2233	3116		117
1940	106	1097	1203		58
Total	11555	16793	28348	11369	722

* Prior to 1946 2,600 children had received a re-inforcing injection.

Prior to 1940 10,835 children were fully immunised.

AMBULANCE SERVICE

The work of the Ambulance Service again shows an increase over the previous year. A total of 22,369 cases has been conveyed during the year as against 15,526 in 1949. The mileage run has increased from 87,612 to 105,346 miles in 1950. Of the cases dealt with 1,138 were emergency ambulance cases, 501 were journeys carried out for the Midwifery Service and 18,101 were ordinary cases of illness conveyed, mainly to and from hospitals. It would appear that we have now reached the peak usage of the service as there is definite evidence of a levelling out of demand.

At the beginning of the year the fleet consisted of 6 ambulances and 2 sitting case cars and during 1950 1 new ambulance was delivered so that our fleet at the end of the year consisted of 7 ambulances and 2 cars. Since the end of the year a further 2 ambulances have beeen delivered, 1 of which was a clinic type ambulance with seating accommodation for 6 passengers. This ambulance is a comparatively new departure and is very useful indeed for conveying numbers of sitting cases to and from hospital, convalescent homes, etc., and in practice has proved to be one of our most useful vehicles. One other ambulance has been ordered for delivery in 1951 and the policy of the Health Committee in providing ambulances commensurate with the heavy work they are called upon to do is nearing completion.

The Ambulance Service is utilised for the delivery of the gas and air analgesic apparatus, at the request of the Midwives, to women in confinement and the 24 hour service that is available enables the apparatus to be delivered promptly upon request. Three hundred and forty deliveries of the apparatus have been made throughout the year, an increase over the previous year when they were used on 316 occasions.

The staff now consists of 1 Ambulance Supervisor and 20 Ambulance Drivers, 5 of whom are women. The employment of women in this capacity is of considerable benefit as they are able to give that personal touch with women patients that is so much appreciated. All members of the staff have successfully passed their St. John examination and it is hoped to hold refresher courses during the coming year.

The demand on the service is very heavy and it is gratifying to report, especially when it is considered that over 22,000 cases have been carried during the year, that no complaints of any substance have been received. In fact, we have many expressions of gratitude for the services which have been rendered.

The following table shows the work carried out by the Ambulance Service during the year:—

Month	Vehicles		CALLS									CASES								Mileage
	Ambs.	Cars	Illness Amb.	Illness Car	Emergency Amb.	Emergency Car	Other Amb.	Other Car	Midwives Amb.	Midwives Car	Calls Total	Illness Amb.	Illness Car	Emergency Amb.	Emergency Car	Other Amb.	Other Car	Midwives Amb.	Midwives Car	Total Cases	
Jan.	6	2	1207	321	82	—	—	—	—	32	1642	1247	329	82	—	—	—	—	32	1690	9180
Feb.	6	2	1232	413	77	—	—	—	—	41	1763	1254	427	77	—	—	—	—	41	1799	8646
March	6	2	1491	265	114	—	—	—	—	45	1916	1512	291	116	—	—	—	—	45	1964	8898
April	6	2	1249	105	83	—	—	—	—	26	1463	1290	107	85	—	—	—	—	26	1508	7206
May	6	2	1601	207	85	—	—	—	—	36	1929	1614	221	85	—	—	—	—	36	1956	9422
June	6	2	1719	209	86	—	—	—	—	46	2060	1744	229	86	—	—	—	—	46	2105	9251
July	6	2	1750	112	80	—	—	—	—	56	1998	1778	122	80	—	—	—	—	56	2036	8924
Aug.	6	2	1420	132	103	—	—	—	—	42	1698	1460	146	103	—	—	—	—	42	1751	8672
Sept.	6	2	1400	190	94	—	—	—	—	43	1727	1433	206	94	—	—	—	—	43	1776	8768
Oct.	6	2	1526	194	110	—	—	—	—	51	1881	1546	220	110	—	—	—	—	51	1927	8269
Nov.	6	2	1652	209	85	—	—	—	—	48	1994	1682	223	85	—	—	—	—	48	2038	9315
Dec.	7	2	1525	108	135	—	—	—	—	35	1803	1541	108	135	—	—	—	—	35	1819	8795
Total			17772	2467	1134	—	—	—	—	501	21874	18101	2629	1138	—	—	—	—	501	22369	105346

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Sick Room Appliances Service

From the end of January 1949, arrangements were made for Sick-Room Appliances to be made available, upon a certificate of a hospital, family doctor, district nurse, or health visitor. Sick-Room Appliances are issued on loan, free of cost, and the service has proved to be most beneficial.

The Appliances are housed at the Ambulance Station, the Ambulance Supervisor being responsible for the issue and return of all appliances and for the care and maintenance of all mechanical appliances. The Ambulance Station is a very suitable place for the issue of such articles, as a 24 hour service is ensured.

During the year the following issues were made: —

Rubber Sheets	187	
Rubber Bed Pans	1	
Back Rests	219	
Urinals	79	
Feeding Cups	9	
Crutches	10	pairs
Air Rings	212	
Stool Commodes	3	
Spinal Carriages	4	
Wheel Chairs	63	
Walking Sticks	12	
Air Beds	3	
Bed Cradles	25	
Bedpans	243	
Sputum Cups	3	
Bed Tables	4	
Chair Commodes	2	
Water Bed	1	

This service, which started in quite a modest way, has grown out of all recognition and we think it is true to say that it is one of our most appreciated services. The large number of patients who have to be cared for at home are assured that the ordinary sick appliances which they require can be supplied under the Council's scheme, free of cost, and we have received many expressions of gratitude for the help which has been given.

Although 63 wheel chairs are provided, even that number does not appear to be sufficient to meet the ever increasing demand. Many of the chairs are held for very long periods by patients who otherwise

would not get out of doors and there is not the rapid turnover of these chairs as with the other articles. When financial provision is made we intend to increase our provision of wheel chairs in order that no one needing such an appliances shall be disappointed.

A small deposit is required for each article loaned and this is refunded when the article is returned to the Depot. In those cases where the patient is unable to arrange for the collection of the article, every endeavour is made to see that delivery is made by the Department's transport facilities.

Milk Assistance Scheme

The Health Committee, implementing their proposals for the care and after-care of tuberculous patients, instituted a scheme, in conjunction with the Tuberculosis After-Care Committee, for the supply of milk to tuberculous patients. Broadly the scheme provides for the free issue of one pint of milk per day where the total weekly income does not exceed an amount specified in the Council's scale. This scale was modelled upon that prepared by the Association of Municipal Corporations and the arrangements so far appear to be reasonably adequate.

During the year, 33 patients, for varying periods, have been supplied with one pint of milk per day, free of charge.

The total amount of milk supplied during the year was 846 gallons.

A grant of free milk is issued by the Department upon the certificate of the Tuberculosis Officer. Close liaison is maintained between the Tuberculosis Officer who, of course, is now an officer of the Regional Hospital Board, and this Department. The officers of the Tuberculosis Dispensary and of this Department confer regularly upon the needs of tuberculous patients. The Tuberculosis Health Visitor has an office at the Tuberculosis Dispensary and works with the Tuberculosis Officer. Contact is thereby maintained between the tuberculous patient and other activities of the Health Department.

Milk is supplied through the patient's own Registered Milk Retailer so that the patient is not put to any trouble to obtain milk through a special source, a benefit appreciated by the patients.

Provision of Clothing, Bedding, etc.

The Tuberculosis After-care Committee has continued its work on behalf of the Council. Extra assistance for the tuberculous patient in the form of additional food, change of air, clothing, better home conditions, extra beds and bedding, and more suitable occupation are the Committee's main activities. The Committee has functioned for many years and has been of great help to a large number of patients. Mainly the funds are derived from voluntary sources but the Council also make a monetary grant to assist the Committee in its good work.

The following is a summary of the help provided during the year:—

34 patients were given monetary grants to meet extraordinary liabilities.
77 patients were supplied with clothing.
20 patients were supplied with footwear.
15 patients were supplied with bedding.
2 patients were supplied with a bedstead and mattress.
2 Layettes, 1 Cot and 1 Pram were supplied for babies of tuberculous patients.
145 patients received the usual Christmas grant.
A distribution of food parcels was made to tuberculous patients at Christmas.
Handicraft materials were purchased for the use of tuberculous patients.
Toys, games and books were distributed to many children of tuberculous patients at Christmas.

We feel this is worthwhile work for it helps the tuberculous patient to feel that he is not alone or forgotten and that there is always someone he can turn to when his difficulties appear to be insurmountable.

CONVALESCENT TREATMENT

Section 28 of the National Health Service Act, 1946, provides for the prevention of illness, care and after-care. Under these provisions the Local Authority may make arrangements to provide convalescent treatment for persons certified to require such treatment either by hospitals or by their medical practitioner. The convalescent treatment so provided shall not be given to persons needing medical care.

In my report for the year 1949 I stated that arrangements for convalescent treatment were under active consideration and it was hoped to commence the scheme in 1950. The Committee were able to make the necessary arrangements and in June 1950 we commenced sending children to convalescent homes and up to the end of the year the following patients had received convalescent treatment:—

30 children to the Ormerod Convalescent Home, St. Annes-on-Sea for 4 weeks.
11 children to the Charnwood Forest Convalescent Home for 4 weeks.
1 Child to the Roecliffe Manor Convalescent Home, near Leicester, for 3 weeks.
1 Adult to the Lady Forrester Convalescent Home, Llandudno, for 2 weeks.
1 Adult to "The Rest" Convalescent Home, Porthcawl, for 2 weeks.
1 Adult to the "Resthaven" Convalescent Home, Exmouth, for 6 weeks.
2 Adults to the Llandudno Convalescent Home for Women, 1 for 2 weeks and 1 for 4 weeks.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes has been effected.

TUBERCULOSIS

The following report has been supplied by Dr. F. J. Welton, now one of the Tuberculosis Officers of the Birmingham Regional Hospital Board. Dr. Welton still acts for the Council in all matters relating to environmental conditions of tuberculosis cases in the Borough and a part of his salary is paid by the Council. The report deals with this aspect of his work only.

"It will be remembered that with the coming into force of the National Health Service Act in 1948, t he responsibility for the Tuberculosis Service was divided between the Regional Hospital Board (diagnosis and treatment) and the Local Health Authority (environmental aspect, prevention and after-care). The new service had a good start in Walsall and so far as the Local Authority's responsibility is concerned, it can be stated that 1950 was a further year of good progress.

The availability of B.C.G. Vaccine gave a great impetus to contact tracing, designed as it is to protect those contacts of tuberculous cases who are proved by the Mantoux test to be susceptible to the disease. In addition to contacts of actual cases, a further main group at risk in the community are the nursing staffs of our hospitals, especially those of the general hospitals, where so often in the past the unknown case of tuberculosis has led to the infection of the susceptible nurse. It is, therefore, with great satisfaction that it may be recorded that the great majority of the nursing staffs of the Walsall hospitals, including St. Margaret's, Great Barr, have now been tested (over 400 in all) and of these about 10% have been found to be in need of protection with B.C.G. Vaccine. The vaccination of these susceptible nurses has now been completed and it is hoped that by this means infection of our nursing staffs with tuberculosis will be a thing of the past. At the time of going to print it may be recorded with much satisfaction that in all, with nursing staffs and contacts, over 200 vaccinations have already been carried out—a very large figure for a community of this size.

It is a privilege to record the valuable work done during the year by the Tuberculosis After-Care Committee in providing for the material needs of tuberculous families. These vary greatly and much very real suffering has been alleviated by the work of this Committee. The bulk of the investigations and the actual provision of clothing, bedding or whatever the necessity may be has been carried out as usual by the staff of the Civic Guild of Help and we are glad to be able to have this opportunity of thanking Miss Lovesey and her staff for the help and sympathy given to our patients over many years. A detailed report of the work of the After-Care Committee may be found on page 37.

This year the Annual Seal Sale was adjusted to finish in March 1951 instead of December 1950 and the amount subscribed amounted to £495 16s. 6d. for the fifteen month period. This is a further increase on last year's figure, but it is clear that the amount in the coming year will be less by the total contributions received from January to March of this year. I feel that the receipts of this Sale are again most encouraging and are greatly in excess of the average for the country as a whole. It is to the schools that most of the credit must be given for the success of this Sale and our thanks are due to all the pupils and staff who have again helped us so generously.

The close co-operation which exists between the Tuberculosis Dispensary and the Housing Department has been further strengthened during the year and many more families have now been rehoused in conditions favouring the continued good progress of the tuberculous patient. Our thanks are again due to the Housing Manager and his staff for the tact and ready sympathy which have been extended to our patients. The Area Officer of the Assistance Board and the Disablement Rehabilitation Officers have also contributed to their welfare, and their timely help has been greatly appreciated.

Since this is the last report I am privileged to make as Tuberculosis Officer for Walsall, I should like to finish with a personal word of thanks to all who have helped to make this work of the past 15 years so happy and satisfying. In particular I should like to mention the staff of the Tuberculosis Dispensary and of the Health Department with whom it has been such a pleasure to be associated Improvements in the future are necessary if full advantage is to be taken of modern progress against tuberculosis, and although changes in many details are inevitable, their qualities of human understanding, teamwork and loyalty, which have been sustained for so long will provide a firm basis for the future welfare of the tuberculous family in Walsall."

DOMESTIC HELP SERVICE

The Domestic Help Service, which has now been operating for almost four years, is firmly established as a service which is fully appreciated by the public. The number of domestic helps employed has increased and at the end of the year 16 women were engaged, 12 in full-time employment and 4 working half-time. The greatest care is taken in the selection of women for employment in this service and we are able to report that the standard of the helps employed is as high as can reasonably be expected.

One of the greatest difficulties of the domestic help service is the ebb and flow of demand and the number of domestic helps available. It is the Organiser's greatest difficulty to maintain the balance between these two factors and it is to the credit of Miss Johnson, the Superintendent Health Visitor, who is responsible for this service, that she has been successful in fitting supply to demand.

Priority for the services of domestic helps is always given to cases of confinement and we are much exercised at the small number of women who avail themselves of the service for home confinement. It should be remembered that mothers receive a grant from the Ministry of National Insurance which is earmarked for the purpose of obtaining domestic assistance, but in practice the money so obtained seems to be used for other purposes. We feel very strongly that mothers should use the facilities offered for which they have received monetary provision and every endeavour has been made to bring this point of view before the expectant mother. Regular advertisements appear in the local press, posters are displayed in the Ante-Natal Clinics and public offices. The Superintendent Health Visitor in her talks to various women's groups and other organisations stresses the availability of the service, the Municipal Midwives are asked to draw the attention of their patients to the service provided and the Health Visitors play their part when visiting in the home. Nevertheless, if mothers in confinement could only realise the benefits to be obtained from the employment of a Domestic Help, who will relieve them of all their domestic worries and responsibilities, we feel sure they would be prepared to use the money they have received with resulting benefit to themselves.

There is a very heavy demand for Domestic Helps for cases of sickness and wherever possible we have endeavoured to meet this demand. Of course the chronic case requiring domestic help over a very long period is a problem for the department, as we cannot always find it possible to maintain continuous domestic help for these cases. Although we have to withdraw help from chronic cases occasionally, we always make every endeavour to return such help at the earliest opportunity and we think it is realised that intermittent help is better than the conditions which previously pertained when no help at all was available.

One of the biggest problems is that of the aged sick. Hospital beds are usually not available for a large proportion of these people and the supply of domestic help, limited as it is, cannot hope to cope with the tremendous problem presented to us. We do our best to meet their difficulties, but we are afraid the problem is so great that it will have to be dealt with on a national basis in the very near future. We are aware that considerable thought has already been given to this problem, but would stress that active measures are urgently required; the Domestic Help Service has only touched the fringe of a very serious problem.

We have been fortunate in the employment of a very satisfactory type of domestic help. The conditions under which they are employed has slowly improved, and like other employees they now work 44 hours per week, have holidays with pay and are provided with a distinctive overall. We understand that a National wages award will be issued shortly and this should help to establish the service on a surer foundation. If more financial provision were made for the domestic help service we are confident the service could be increased and there would appear to be no doubt as to the need for such a service at the present time when so few people are available to give the neighbourly help that was so characteristic of life some years ago. It has to be recognised that such neighbourly help is not now available in sufficient volume to cope with the problem of sickness and old age and one can foresee the Domestic Help Service having to be very considerably enlarged in the future even if only to relieve the pressure on hospital beds. We feel this is work which is of real help to the community and is a service which should receive every assistance both nationally and locally.

We have tried to make the Domestic Help Service a very personal one so that people in trouble can come to the department and receive whatever help we have available. It is realised that persons come to us only when they are in trouble and that it is our duty to assist them to the best of our ability and so we have tried to make personal service the keynote of the service. Similarly the Domestic Helps themselves often go out of the bounds of their official duty to give those personal touches which make the service such a real one and we receive many letters of heartfelt thanks from persons who have been assisted in their trouble.

The following are the statistics for the year:—

No. of Helps employed during the year	30
No. of Helps employed at 31st December, 1950 ...	16
No. of confinement cases at which help was supplied	76
No. of tuberculosis cases at which help was supplied	5
No. of other cases at which help was supplied ...	70
Total hours worked at confinement cases	6,820
Total hours worked at tuberculosis cases	1,634
Total hours worked at other cases	14,651

MENTAL HEALTH

Last year we drew attention to the considerable increase in the number of voluntary patients admitted to Saint Matthew's Hospital at Burntwood, and we have to report that the position has been maintained during 1950, 85 patients being admitted voluntarily as against 81 in the previous year. As we pointed out in our previous report, whilst there are certain disadvantages in the procedure, the admission of voluntary patients to mental hospitals is to be encouraged.

The following table shews the number of cases dealt with during the year: —

No. of Health Service Certified patients removed to Saint Matthew's Hospital, Burntwood	54
No. of Health Service Voluntary patients admitted to Saint Matthew's Hospital, Burntwood	85
No. of Health Service cases, alleged to be of unsound mind, investigated	30
No. of patients referred for after-care	48
No. of after-care visits paid	91

In addition various other enquiries regarding patients have been dealt with.

The arrangements whereby the after-care visiting of patients discharged from mental hospital is carried out by the Health Visiting staff have been continued and our experience of this method of "follow-up" indicates that the system adopted has been a wise one. The volume of work to be done in this connection does not warrant the employment of a whole-time After-Care Officer and we find it to be better for the after-care work to be done by the Health Visiting staff rather than by the Duly Authorised Officers, it being borne in mind that the Duly Authorised Officers are the persons concerned in the patient's removal in the first instance.

On the whole the Health Visitors' reports indicate that they meet with considerable success in their efforts to help and advise patients discharged from the Mental Hospital. There are, of course, the difficult patients who require a great deal of patient visiting before the necessary confidence between the visitor and patient has been established. We do feel, however, that the visits are well worth while and are helping to re-establish the mental patient in the community.

As we stated in our previous report, quite a number of patients have been assisted to resume their employment and others have been helped to obtain employment more suited to their capacity. The Authorised Officer does a considerable amount of work behind the scenes, the sole object being to convince the patient that he has a friend to whom he can turn in his trouble, a friend who can smooth out his difficulties and even his financial embarrassment and so assist him to regain his confidence and his place in the community.

MENTAL DEFECTIVES

The tables given at the end of this section of the Report show the total number of ascertained mental defectives in the Borough and the ascertainment of such persons during 1950, together with other information relating to the care of the mentally defective.

During 1950 the Mental Welfare Officers paid 1,255 statutory visits and held 1,039 statutory interviews, and 168 voluntary and education visits and 141 voluntary and education interviews in connection with these cases.

ST. MARGARET'S HOSPITAL, GREAT BARR PARK

There are 263 Walsall patients in St. Margaret's Hospital, Great Barr Park (formerly Great Barr Park Colony). The Mental Welfare Officers continue to be responsible for furnishing reports as follows to the Medical Superintendent of St. Margaret's:—

(a) Reports on home conditions for leave of absence;

(b) Reports on home conditions for trial on licence and discharge from Order;

(c) Reports to the Visitors for the County of Stafford;

(d) Periodic Reports on patients on licence.

Fifty-seven patients are on licence in various parts of the country, of whom 43 are supervised by the Mental Welfare Officers.

The Mental Welfare Officers continue to find employment for patients who are considered suitable for licence, and to supervise them afterwards. The supervision of these patients, particularly the girls, takes a considerable amount of visiting time, but in view of the serious shortage of hospital accommodation it is felt that this work is well worth the effort it takes, as it frees beds for urgent cases who are awaiting admission. In passing, it must be noted that Walsall still has a waiting list for admission to St. Margaret's Hospital, and vacancies are becoming more difficult to secure.

During the year four Walsall cases were discharged from their Order under the Mental Deficiency Acts; in addition three cases lapsed by "Operation of Law." Of the cases lapsed by "Operation of Law," one female has given birth to an illegitimate child and is now living with the child at her home.

The Senior Mental Welfare Officer again accompanied a party of girls on licence from the Colony for a week's holiday at the Y.W.C.A. Hostel, Rhyl. The girls pay their own expenses, and St. Margaret's Hospital Management Committee pay the Senior Mental Welfare Officer's.

The friendly co-operation between the Medical Superintendent (Dr. Macmillan), the Matron (Miss Meldrum), the Colony Staff and the Mental Welfare Officers is sustained, and greatly appreciated.

OCCUPATION CENTRE

The Occupation Centre continues to do good work for the children who cannot be educated within the Educational System, and it should be observed that the emphasis is on "training"—not filling in time.

The Junior children attend the Occupation Centre daily from 10 a.m. to 3 p.m. A hot meal for which they pay 4d. is provided at mid-day and they receive free milk each morning.

The Senior Girls' class meets on Tuesdays and Thursdays from 2 p.m. to 4 p.m. and a cup of tea and a small cake are provided for them. The girls are now baking their own cakes under the supervision of the Centre Cook.

The Senior Boys' Class meets on Mondays and Wednesdays from 2 p.m. to 4 p.m. and the boys also have a cup of tea.

The Senior Girls and Boys now have 1s. a week pocket money, provided their attendance at their classes is good.

Rug-making, stool seating, embroidery, elementary handicraft, percussion band, eurythmics, country dancing, puppetry, games and speech training form part of the curriculum of this flourishing centre. A number of small children were admitted during the year and the kindergarten group is growing rapidly in size.

The usual summer outings were organised and in addition a week's holiday at the National Association for Mental Health Holiday Home at Rhyl was enjoyed by a party of girls from the Occupation Centre. A delightful holiday was spent in perfect weather and we are again indebted to the Sunday Cinema Licensing Committee for a handsome donation which made these trips and holiday possible. The boys and girls have joined a Holiday Club organised by the Supervisor.

The mothers joined the children on a Day's Outing to Evesham—the only treat many of the mothers enjoy.

The Christmas parties were again a feature of the winter session, and were attended by parents and friends in addition to the children.

Three students from the Supervisor's Course of the National Association for Mental Health spent several weeks at the Centre during the year and more students are expected for training. One student came from Eire. Our Centre is considered to be a good training ground, and much care is taken with the training.

During the year the sum of £40 14s. 4d. was received from the sale of work made at the Occupation Centre.

The children continue to use the School Clinic and at the end of the year all the children were medically examined by one of the Assistant Medical Officers. Free 'bus passes to and from the Centre are provided and our thanks are expressed to the Transport Committee for extending this privilege to the children.

MENTAL WELFARE ASSOCIATION

The Senior Mental Welfare Officer is the Secretary of the Association, and she and the Mental Welfare Officer are responsible for the work undertaken by the Association. There is a large number of Voluntary patients on the register, and the Association is serving a useful purpose in supervising cases which do not come within the purview of the Statutory Committee.

There are 164 children on the Education Register as attending or recommended for, Special Schools, and the homes of these children are visited from time to time.

Reports are sent to the Education Authority each quarter and the homes are visited and reported upon before the children attending Special Residential Schools go home on holiday. The shortage of Special School facilities is still a most serious handicap to the proper education of those children who are found to be educationally subnormal, the placing of suitable girls in Special Schools being now impossible.

It is felt keenly that the absence of a Day Special School for boys and girls is depriving these educationally subnormal children of the education which was envisaged by the Education Act, 1944, which provided for education according to a child's needs.

GENERAL

The Senior Mental Welfare Officer is again a member of the Executive Committee of the Association of Mental Health Workers and attended quarterly meetings of the Committee in London. She is also on the Council of the National Association for Mental Health.

During the year eight of the Nurses taking the course for the Health Visitor's Certificate in Birmingham have each spent some time in the Mental Welfare Department and Occupation Centre and have expressed their gratitude for the permission granted to see and learn something of this section of the Health Services.

A collecting box is now kept in the Occupation Centre (at the suggestion of the parents of the children) and is emptied at intervals with gratifying results.

During the year the Mental Welfare Officers have, as formerly, given evidence at Juvenile Courts, Quarter Sessions and Police Courts and the co-operation between the Police and the Officers, as well as with other Social Agencies is excellent.

The Senior Mental Welfare Officer desires to express her gratitude to the Committee for sending her to the Annual Meeting of the Association of Mental Health Workers which was held at Scarborough in the Spring.

The Chairman and Senior Mental Welfare Officer attended a two-day Conference in London, organised by the N.A.M.H.

Plans for a new Occupation Centre in Walsall have suffered a set-back owing to the National economy drive.

A Board of Control Inspector visited the Department during the year.

The Senior Mental Welfare Officer has spoken on "Mental Health" at various meetings during the year.

The Mental Welfare Officers were invited to attend and speak at a Children's Christmas Service in Wednesbury Road Congregational Church, and for the second year received from the children all the gifts on the Christmas tree for the children of the Occupation Centre and many others who would have had no Christmas presents but for the generosity of these kindly children.

The Beacon School Summer Sports and Christmas Party were attended and greatly enjoyed by the Mental Welfare Officers.

Invitations to St. Margaret's Hospital Summer Sports and Christmas dances were again received and accepted by the Mental Welfare Officers.

TABLES SHOWING PARTICULARS OF MENTAL DEFECTIVES DURING 1950

Number of Ascertained Mental Defectives found to be "Subject to be dealt with"

		M.	F.	T.
(a)	In Institutions (including cases on licence therefrom) — Under 16 years of age ...	10	15	25
	In Institutions (including cases on licence therefrom) — Aged 16 years and over ...	128	172	300
(b)	Under Guardianship (including cases on licence therefrom) — Under 16 years of age	—	—	—
	Under Guardianship (including cases on licence therefrom) — Aged 16 years and over	2	1	3
(c)	In "places of safety"	—	1	1
(d)	Under Statutory Supervision (excluding cases on licence) — Under 16 years of age	15	30	45
	Under Statutory Supervision (excluding cases on licence) — Aged 16 years and over	51	65	116
(e)	Action not yet taken under any one of the above headings	—	1	1
TOTAL	ascertained cases found to be "subject to be dealt with"	206	285	491
	No. of cases included in (b) to (e) above waiting removal to an institution	1	2	3
	Number of Mental Defectives not at present "Subject to be dealt with" but over whom some form of voluntary supervision is maintained—			
	Under 16 years of age	—	—	—
	Aged 16 years and over	262	190	452
	Total ...	468	475	943

Number of Mental Defectives Receiving Training

		M.	F.	T.
(a)	In day-training centres — under 16 years of age	13	14	27
	In day-training centres — aged 16 years and over	7	22	29
(b)	At Home	1	—	1
	Total ...	21	36	57

PARTICULARS OF MENTAL DEFECTIVES ASCERTAINED DURING THE YEAR 1950

	M.	F.	T.
(1) ASCERTAINMENT			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—			
(i) Under Section 57(3)	5	9	14
(ii) Under Section 57(5)	—	3	3
(b) Other cases reported during 1950 and ascertained to be "subject to be dealt with"	2	6	8
Total cases ascertained to be "subject to be dealt with" during the year	7	18	25
(c) Other cases reported during 1950 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	4	2	6
Total number of cases reported during the year ...	11	20	31
(2) DISPOSAL OF CASES REPORTED DURING THE YEAR			
(a) Cases ascertained to be "subject to be dealt with"			
(i) Admitted to Institutions (by order) ...	1	3	4
(ii) Placed under Guardianship (by order) ...	—	—	—
(iii) Taken to "places of safety"	2	2	4
(iv) Placed under Statutory Supervision ...	4	12	16
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	1	1
Total ...	7	18	25
(b) Cases not at present "subject to be dealt with"			
(i) Placed under Voluntary Supervision ...	4	2	6
(ii) Found not to be defective	—	—	—
(iii) Died or removed from area	—	—	—
(iv) Action not yet taken	—	—	—
Total ...	4	2	6

NUMBER OF MENTAL DEFECTIVES UNDER COMMUNITY CARE INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1st JANUARY, 1950, WHO HAVE CEASED TO BE UNDER ANY OF THESE FORMS OF CARE DURING 1950

		M.	F.	T.
(a)	Ceased to be under care	1	1	2
(b)	Died or removed from area	3	5	8
	Total ...	4	6	10

OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO THE LOCAL HEALTH AUTHORITY

(a) Number who have given birth to children during 1950:—

(i) After marriage	—
(ii) While unmarried	1

		Males	Females
(b)	Number who have married during 1950	1	1

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Sanitary Inspector

ON THE

Sanitary Administration of the Borough

for the year ended 31st December, 1950

To the Mayor, Aldermen and Councillors of the County Borough of Walsall

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report for the year 1950, giving particulars of the sanitary administration of the Borough.

Although it cannot be claimed that accomplishments during the year solved all problems it will be noted from the Report that 1950 was one of event. Progress was made with regard to food hygiene and improvement of food premises, meat and food inspection services were maintained and in addition to the work on smoke abatement there was an extensive investigation into the atmospheric conditions arising from the working of the Birchills Electricity Generating Station. Rodent control and general disinfestation continued satisfactorily; housing work was again restricted and remains a matter of concern,

Food administration is an aspect of environmental health of great importance and is a function of the Department which makes a positive contribution to the health of the community. The public also are becoming increasingly aware of its importance and are persistently demanding better conditions in the handling and preparation of food. The problem was approached from every angle, education of food handlers and traders by means of lectures at the Technical College, talks to trade organisations and interviews at food establishments. Food hygiene has for its main goal the prevention of food-borne infections and the most vital factors in the spread of these diseases is one of personal hygiene. This work is essentially long term policy; immediate results cannot be expected, and improvement will only be achieved by persistent endeavour. The improvement of food premises generally was also continued.

The demand on meat inspectors' time increased still further during the year, and it will be seen that the amount of meat condemned was a record figure. The incidence of disease in carcases inspected is given in some detail and should be a help in building up a picture of the general trend of animal health over the years. It is gratifying to note, that, the percentages of carcases infected with tuberculosis and non-tuberculosis infection show a decrease on those for 1949.

There is very little improvement in the housing situation, indeed the absence of extensive reconditioning of dwelling-houses is tending towards a deterioration in the standards of housing generally. It is the exception rather than the rule that a case can be made for reconditioning under the Housing Act with the result that action is limited to the abatement of nuisance and the enforcement of the more urgent types of repair. The gap between standard rents and the cost of repairs is increasing, resulting in an ever lessening number of private houses to let, and a lengthening of the waiting lists for Council houses.

The yearly average of houses built in Walsall since the war by the Local Authority and private owners, is approximately 630, a figure which includes flats provided by adapting old premises. The total number of dwelling-houses in the town is approximately 31,000. Assuming then that a house has a life of 75 years and that the present rate of building will be maintained in ensuing years, it means that construction will barely keep pace with wastage. This does not take into account the fact that many houses at present occupied are already condemned and that many hundreds of others are unfit for occupation. With an increased population to be provided for, the outlook for the housing position in ten or fifteen years' time is very grim indeed. The yearly decline is not marked, but it is persistent, insiduous and a matter of extreme concern; serious consequences are inevitable unless the situation is tackled seriously and with vigour.

The smoke abatement section of the Report is quite extensive this year. It embodies a summary of the report which was submitted inconnection with the Gypsy Lane Housing Site and the atmospheric condition generally around the Birchills Electricity Generating Station. Considerable work was also involved in smoke abatement investigation. The planning control of new fuel burning appliances and industrial processes, the introduction of mechanical stokers, more extended use of smokeless fuels, together with the persistent effort applied to the education of stokers and others in charge of fuel burning plants, is bound to have an ultimate beneficial effect upon the condition of the atmosphere.

The householder also is not to be forgotten and much good work is being done in reducing the contribution to atmospheric pollution from domestic chimneys, by the installation in Council houses of approved types of solid fuel burning grates.

PART 1.—STAFF

The position regarding staff was stable throughout the year, the only amendment being the appointment of Miss A. Tipper to the position of clerk made vacant by the resignation of Mrs. M. R. Davies last year. Miss Tipper took up duties on the 1st of March.

With the conclusion of post-war training courses for sanitary inspectors there appears to be only limited movement in this sphere. There were no changes in the inspectorial staff during 1950.

PART 2.—HOUSING

This section of the Report embodies all housing work carried out both under the Public Health Act, and the Housing Act.

Repairs to Houses

Complaints received by the Department during the year numbered 2,337. These were given prompt attention and all urgent work was, where possible, dealt with by the special powers granted by the Health Committee for such cases.

At the present time, housing repair work is carried out under the Public Health Acts, as it has not been found possible to introduce a system of house to house inspection under the Housing Act, with subsequent statutory action. The greatest handicap to the extensive reconditioning of property is that of economics. Most of the dwelling-

houses in Walsall are let at controlled rents, rents which have remained unaltered since 1939. When deciding that a house is "capable of repair at reasonable cost" a condition which must be satisfied before action is taken under the Housing Act, regard must be had to the rent yield. Consequently, with the admitted increase in the cost of repairs, and the controlled rents, it is impossible, in many instances, to make a case under the Housing Act for extensive reconditioning.

It will be seen, therefore, that it is impracticable to carry out this aspect of housing work in present circumstances. Indeed, it is difficult to foresee a time when this duty can be fulfilled to any extent, unless there is, in the meantime, either an adjustment in rentals or drastic reductions in the cost of repairs. However, if houses which are capable of repair are to be ensured the longest possible life, it will be necessary to keep them up to a reasonable standard of habitation, but it is clear that in order to do this a realistic approach will have to be made to the problem.

The total number of visits made to all premises for the purpose of sanitary administration was 20,872. In addition to action instituted under the Public Health Act for non-compliance of notices, 530 houses received attention for principal repairs, and in 993 cases work was carried out in connection with water closet and ashbin accommodation, drainage repairs and abatement of other nuisances, a total of 1,523 houses being improved during the year.

Execution of Work in Default of Owners

During the period under review it was found that notices were complied with in a fairly satisfactory manner. In one case, however, it was necessary for the Corporation to carry out work in default of the owner, at a cost of £6 5s. 4d.

Ashbins have been supplied by the Corporation to three houses in default of the owners, at a cost of £3 13s. 3d.

Closing and Demolition of Unfit Houses

At 31st December, 1949 there were 314 houses in respect of which Housing Orders were operative, still in occupation, and during the year the Health Committee made individual Orders for closing or demolition in respect of a further 22 houses. 62 individual properties were closed during the year prior to being demolished and there remains a total of 274 officially condemned houses still in occupation at 31st December, 1950.

The position with regard to unfit properties continues to be a matter of concern. Whilst the number of houses subject to housing action and which are still in occupation at the end of the year shewed a reduction of 40 compared with December 31st, 1949, it should be realised that there are at the present time a considerable number of other properties in occupation which, in normal circumstances, would have been condemned many years ago.

All officially condemned properties were re-visited during the year under review, and classified and scheduled as to the urgency of their demolition. It was reported to the Health Committee that some 117 of these houses had no further life, and that the remaining 157 houses should be closed and demolished in the next 1—3 years.

It was further reported that approximately 100 houses were in so bad a condition as to justify immediate "official" condemnation. It must be remembered that the speed at which unfit property can be dealt with depends entirely upon the provision of alternative accommodation.

Subsequently a Joint Meeting of the Health and Housing Committees was held, and it was finally resolved "that the equivalent of 20% of all new housing accommodation be allocated for the re-housing of occupants of unfit properties, and that the matter be again reviewed in twelve months."

While this allocation of accommodation is greatly appreciated, and will do much to relieve the position, it must be pointed out that if the provision of new accommodation is maintained at the 1950 figure it will still take nearly 2 years to re-house families from houses which are regarded as having no further life.

During the year a Sub-Committee of the Health Committee visited a number of houses, both in regard to re-housing policy and in connection with formal action under the Housing Acts.

Housing Act, 1949

Despite the system of grants inaugurated in the Housing Act, 1949, very few enquiries were made to the department for improvement grants. No formal proposals were made and in all cases the informal applications were not proceeded with when the conditions of grant were explained. Reports of overcrowding cases coming to the notice of the department were submitted to the Housing Manager.

Common Lodging Houses

It is pleasing to be able to report that the acquisition of the common lodging house mentioned in my previous report was completed during the year. The residing lodging house keeper was appointed by the Council to continue with the management of the property until such times as suitable alternative accommodation was found by the inmates. In the meantime, as occupants left no further residents were allowed in the lodging house.

Housing Statistics

A statement setting out the number of new houses provided; the position with regard to condemned properties; and progress under the Housing Acts is appended as follows:—

Provision of New Houses

During 1950, new houses were provided as follows:—

(a) By the Walsall Corporation	710
(b) By Private Persons:	
Permanent Houses	110
New Dwellings from conversions of existing properties	2
Total	822

Progress in the Clearance of Unfit Properties

No. of condemned houses occupied at 1st January, 1950	314
No. of houses for which Demolition Orders or Closing Orders were made or Undertakings accepted during 1950	22
No. of condemned houses closed during 1950	62
No. of condemned houses demolished during 1950	26
No. of condemned houses still occupied at 31st December, 1950	274

Progress under the Housing Acts 1930 and 1936 to 31st December, 1950

Houses represented as unfit	3,103
Houses closed	2,713
Houses demolished	2,504
No. of persons displaced	11,886

PART 3.—FOOD

Duties concerning food administration form a considerable and important part of the department's environmental hygiene responsibilities. These duties have widely increased in the post-war years and there is every indication that even greater responsibilities will be placed on the department in the years ahead. The work carried out during 1950 is dealt with in a similar manner to last year, being sectionalised under the following headings:—

(a) Inspection of Meat;
(b) Unwholesome Food Condemned;
(c) Milk;
(d) Ice Cream;
(e) Food Hygiene;
(f) Sampling—Food and Drugs Act, 1938.

(a) INSPECTION OF MEAT

The slaughtering of animals at the Ministry of Food Controlled Slaughterhouse in Shortacre Street continued during 1950.

There was a continued rise in the number of animals slaughtered during the year, the final total being 56,348 compared with 51,987 in 1949. There were increases in the numbers of all types of animals slaughtered in 1950 compared with the number in 1949, with the exception of calves, where a slightly less number was recorded. The increase in the number of cattle other than cows might be taken as an indication of an improvement in the home production of beef, possibly due to the subsidies granted to farmers for calves born during the year 1947.

The supply of pork also appears to be improving, the number of pigs slaughtered this year being more than double last year's figure.

Mr. A. D. Kelley, Meat Inspector, was on constant duty at the abattoir during the hours of slaughtering and other members of the staff who are qualified as meat and other foods inspectors carried out meat inspection duties as necessary.

The increased slaughtering entailed attendance at the abattoir for longer periods than was the case last year. This was necessary however, in order to maintain the standard of meat inspection required.

Year	Percentage of animals affected with disease					
	All diseases except Tuberculosis			Tuberculosis		
	Cattle except cows	Cows	Calves	Cattle except cows	Cows	Calves
1940	31.70	44.40	1.00	12.50	47.40	.50
1941	20.67	30.33	.75	15.36	54.40	.81
1942	19.20	40.04	.79	14.05	45.95	.60
1943	19.94	42.39	.58	15.07	48.56	.44
1944	17.89	39.20	.45	13.81	49.84	.38
1945	38.05	53.39	.96	14.55	50.40	.58
1946	46.83	68.15	.68	17.47	48.70	.62
1947	53.68	72.67	1.75	17.51	53.75	.68
1948	58.93	91.61	3.40	14.96	55.19	.54
1949	49.91	96.72	3.39	13.51	58.24	.42
1950	37.18	88.46	2.49	10.60	55.48	.31

It is pleasing to note from the meat inspection statistics that a slight decrease was shewn in the incidence of disease found in animals on slaughter. The reduction is fairly consistent with all types of animals in respect of tuberculosis and with diseases other than tuberculosis. The amount of diseased meat and offals condemned, however, shews a record figure of 219 tons 18 cwts. compared with 194 tons 5 cwts. in 1949.

Cysticercus Bovis

There was a considerable increase during the year in the number of animals found to be infested with Cysticercus Bovis and the following table shews in detail the number of cases, together with the location of infested parts.

Animals	Masseter muscle of head	Tongue	Heart		Skirts	Carcase Muscles
			Muscle	Surface		
Bullocks ...	7	—	10	7	1	1
Heifers	25	5	16	14	1	2
Cows	15	2	18	8	1	2
Bulls	1	—	—	—	—	—
Total	48	7	44	29	3	5

Total number of carcases infested with Cysticercus Bovis, 114.

The total number of carcases affected with Cysticercus Bovis was 114, compared with 71 in 1949. All affected offals were condemned and after careful examination of the carcase muscles, the carcases were refrigerated for the recommended period of 21 days as an extra precautionary measure before the meat was released for human consumption.

This meat is distributed to manufacturers of meat products in accordance with the Ministry of Food instructions DMW/1/478. In pre-war years Cysticercus Bovis was almost unknown in this country but the immediate post-war years have seen an increase in this type of infestation, which may be due to the introduction into British agriculture of persons from other countries in which the infestation is prevalent. All cases of Cysticercus Bovis are notified to the Ministry of Food, who carry out investigations at the places where the animals are reared.

Calves affected with Congenital Tuberculosis

The Meat Inspector reports that 23 calf carcases were condemned affected with congenital tuberculosis. In 12 of these cases it was possible to trace the ownership of the calves and details of the post-mortem examination were forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries. 8 cases were reported to the Staffordshire Animal Health Division and information was received that in 1 case there was no evidence of tuberculosis in the dam, in 6 cases the dams were slaughtered under the Tuberculosis Order and in the remaining case no report was received as to action taken. With respect to 4 cases which were reported to other Ministry of Agriculture Animal Health Divisions, 1 report was received that the dam had been slaughtered, in 1 case it was reported that it was found impossible to trace the original owner, and in the remaining 2 cases no report was received as to action taken.

The practice of reporting cases of cows affected with congenital tuberculosis to the Animal Health Division of the Ministry of Agriculture and Fisheries is to be commended. It is an important means of tracing not only the source of the particular infected calf, but the action taken in dealing with the infected dam or sire has the effect of reducing the spread of tuberculosis.

Reports from the Ministry of Agriculture and Fisheries shew appreciation of the action taken by the authority in giving details of infected animals.

Casualty Animals

In addition to the animals entering the abattoir through the Ministry's collecting centres, a number of animals are sent in for emergency slaughter, usually because of injury. In some instances the animals have already been slaughtered before being sent to the abattoir. Whilst it is desirable in all cases that casualty animals should be accompanied by a veterinary certificate shewing reasons why the animal has either been slaughtered or sent in for slaughter, this is far from being the rule; it is a matter, however, which should receive the attention of the Ministry concerned. The following table sets out the position with regard to casualty animals:—

Slaughtered at Abattoir.

Cattle, 22; Sheep, 6; Pigs, 92; Calves, 8. Total 128.

Slaughtered on Emergency Premises and Arriving Dressed at Abattoir.

Cattle, 5; Sheep, 16; Pigs, 58; Calves, 2. Total 81.

Total casualties for the year were 209 of which 28 carcases, 34 part carcases and 128 organs were condemned on inspection by the Meat Inspectors.

Bone Taint

During the year under review some 1,294 lbs. of meat was condemned because of bone taint and decomposition. Unsatisfactory ventilation in the cooling halls was felt to be a contributing factor and the matter has been taken up with the Area Meat Livestock Division of the Ministry of Food.

Dressed carcases received at Abattoir for allocation

During the year 533 sides of beef with 700 melts and 600 livers, 123 calves, 127 sheep, 796 sides of pork and 400 pigs' heads were received at the Abattoir in a dressed condition and were inspected before redistribution. Of this meat, 665 lbs. was affected with tuberculosis and 2,516 lbs. was condemned because of the presence of other diseases, a total of 3,181 lbs.

Meat condemned affected with bruising

The Meat Inspector has again called particular attention to the fact that during the year considerable quantities of carcase meat had to be condemned because of its bruised condition, apparently due to damage to the animals during transit, or in lairage while awaiting slaughter. A total of 2 tons 8 cwts. 5 lbs. of meat was condemned, with a value approximately £250. This is a matter which continues to require attention and condemnations for this cause year by year indicate that much greater care is necessary in the handling and transport of animals from markets to the slaughterhouse and during the period before slaughter at the slaughterhouse.

Transport of Meat

Constant attention has been paid during the year to the conditions under which meat is transported from the abattoir to retail shops. As mentioned in the report for 1949, all vehicles are now equipped with hanging rails and all fresh killed meat is now transported in reasonably satsifactory conditions. Improvements have also been noted in the handling of meat on delivery to retail premises. Capes and hoods are now used more than has been the case in the past.

Meat and Food Inspection Statistics

Tables setting out the number of carcases inspected, together with particulars of carcases or parts thereof condemned, the weight of diseased meat and offals and analysis of condemnations with respect to cattle, cows, calves, sheep and pigs, also a Table setting out the total quantity of unwholesome food condemned are appended herewith.

The following table sets out the number of carcases inspected, together with particulars of carcases or parts thereof condemned, and is in the form required by the Ministry of Health.

1950

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	7,799	4,430	7,374	35,591	1,154
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcases condemned	11	50	133	139	12
Carcases of which some part or organ was condemned ...	2,889	3,869	51	7,601	215.
Percentage of the number inspected affected with all diseases except tuberculosis	37.18%	88.46%	2.49%	21.74%	19.67%
TUBERCULOSIS ONLY					
Whole carcases condemned	30	166	23	Nil	10
Carcases of which some part or organ was condemned ...	797	2,292	Nil	Nil	172
Percentage of the number inspected affected with tuberculosis	10.60%	55.48%	.31%	Nil	15.77%

(Total number of carcases examined ... ... 56,348)

Diseased Meat and Offals

During the year the following quantities of meat and offals were found to be diseased, unsound and unfit for human consumption: —

	Tons	Cwts.	Qrs.	Lbs.
ALL DISEASES EXCEPT TUBERCULOSIS.				
Carcase Meat	25	11	2	22
Offals	74	19	1	11
TUBERCULOSIS ONLY.				
Carcase Meat	70	11	2	26
Offals	48	15	0	27
TOTAL	219	18	0	2

ANALYSIS OF CONDEMNATIONS DURING 1950.

Showing Diseases or Conditions and Affected Carcase Parts thereof.

CATTLE Number Slaughtered and Examined, 7,799.

Diseases	Carcase and all organs	Part Carcases	Heads	Mes.	Stom.	Spleen	Liver	Part Liver	Skirts	Lungs	Hearts	Kidneys	Udders
Abcesses	—	5	3	18	33	14	236	25	13	14	—	6	—
Actino	—	—	41	—	—	—	—	—	—	—	—	—	—
Angioma	—	—	—	—	—	—	95	—	—	—	—	—	—
Bacterial Necrosis	—	—	—	—	—	—	8	—	—	—	—	—	—
Bruising	1	51	—	—	—	—	—	—	4	—	—	—	—
Congestion ...	—	—	—	—	—	1	—	—	—	12	—	—	—
Cysts	—	—	—	—	—	6	90	—	—	172	2	3	—
Cirrhosis and Distomiasis	—	—	—	—	—	—	1011	855	—	141	—	—	—
Cysticercus Bovis ...	1	1	33	—	—	—	—	—	2	—	43	—	—
Contamination ...	—	3	—	3	2	2	1	—	5	141	3	—	—
Engorged	—	—	—	—	—	2	—	—	—	4	—	—	—
Fatty conditions ...	—	—	—	—	—	—	2	—	—	—	—	—	—
Injury	—	1	—	—	—	—	—	—	—	—	—	—	—
Johne's	—	—	—	226	—	—	—	—	—	—	—	—	—

Johne's with emac.	6	—	—	—	—	—	—	—	—	—	—	—	—
Melanosis	—	—	—	—	—	—	—	1	—	—	—	—	—
Moribund	1	—	—	—	—	—	—	—	—	—	—	—	—
Metritis (Acute septic)	1	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis	—	—	—	—	—	—	—	—	—	—	—	72	—
Oedema	—	1	—	—	—	—	—	—	—	—	—	—	—
Pericarditis ...	1	—	—	—	—	—	—	—	—	—	97	—	—
Peritonitis	—	—	—	103	118	193	27	18	86	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	—	44	368	—	—	—
Pneumonia ...	—	—	—	—	—	—	—	—	—	52	—	—	—
Pentastomes ...	—	—	—	3	—	—	3	—	—	2	—	—	—
Ruptured	—	—	—	—	—	2	—	—	—	—	—	—	—
Tuberculosis ...	—	66	334	171	123	80	129	—	166	582	296	5	—
Tuberculosis (Generalised) ...	30	—	—	—	—	—	—	—	—	—	—	—	—
Tumours	—	—	—	—	—	6	1	—	—	3	1	—	—
TOTALS	41	128	411	524	276	306	1603	899	320	1491	442	86	—

COWS—Number Slaughtered and Examined, 4,430.

Diseases	Carcase and all organs	Part Carcases	Heads	Mes.	Stom.	Spleen	Liver	Part Liver	Skirts	Lungs	Hearts	Kidneys	Udders
Abcesses	—	10	4	10	29	11	250	11	17	23	1	7	—
Actino	—	—	54	—	—	—	—	—	—	—	—	—	—
Angioma	—	—	—	—	—	—	485	13	—	—	—	—	—
Bacterial Necrosis	—	—	—	—	—	—	12	—	—	—	—	—	—
Bruising	1	87	—	—	—	2	—	—	5	—	—	—	—
Cirrhosis	—	—	—	—	—	—	1306	401	—	—	—	—	—
Congestion ...	—	—	—	—	—	—	—	—	—	29	—	—	—
Cysts	—	—	—	—	—	6	98	—	—	171	2	14	—
Contamination ...	—	—	2	—	—	6	3	—	3	99	4	—	—
Cysticercus Bovis	—	—	16	—	—	—	—	—	—	—	20	—	—
Distomatosis ...	—	—	—	—	—	—	35	350	—	181	—	—	—
Dropsy & Oedema	11	—	—	—	—	—	—	—	—	—	—	—	—
Engorged	—	—	—	—	—	3	3	—	—	2	—	—	—
Fatty Conditions ...	—	—	—	—	—	—	9	—	—	—	2	—	—
Fever	3	—	—	—	—	—	—	—	—	—	—	—	—
Injury	—	3	—	—	—	—	—	—	—	17	—	—	1
Johne's	—	—	—	827	—	—	—	—	—	—	—	—	—
Johne's with emac.	19	—	—	—	—	—	—	—	—	—	—	—	—

Mastitis	—	2	—	—	—	—	—	—	—	—	—	—	953
Melanosis	—	—	—	—	—	—	—	—	—	3	—	—	—
Moribund	1	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis	—	—	—	—	—	—	—	—	—	—	—	159	—
Pericarditis ...	2	—	—	—	—	—	—	—	—	—	103	—	—
Peritonitis	—	—	—	144	277	300	50	23	91	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	—	58	324	—	—	—
Pneumonia ...	—	—	—	—	—	—	—	—	—	41	—	—	—
Ruptured	—	—	—	—	—	4	—	—	—	—	—	—	—
Septic Intoxication	4	—	—	—	—	—	—	—	—	—	—	—	—
Septic Metritis Acute	10	—	—	—	—	—	—	—	—	—	—	—	—
Septicæmia ...	1	—	—	—	—	—	—	—	—	—	—	—	—
Septic Mastitis Acute	2	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	176	966	589	430	305	326	—	583	1762	985	9	17
Tuberculosis Generalised ...	146	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis with Emac.	20	—	—	—	—	—	—	—	—	—	—	—	—
Tumours	—	—	—	—	—	7	2	—	—	—	—	—	—
TOTALS	220	278	1042	1570	736	644	2579	798	757	2652	1117	189	971

PIGS—Condemnations for 1950. Total Number Examined, 1,154.

Diseases	Carcase and all organs	Part Carcase	Heads	Mes.	Stom.	Spleen	Liver	Lungs	Heart	Fry	Kidney	Udder
Abcesses	—	2	2	—	—	—	1	—	—	—	4	5
Bruising	—	9	—	—	—	—	—	—	—	—	—	—
Cirrhosis	—	—	—	—	—	—	39	—	—	—	—	—
Congestion ...	—	—	—	—	—	2	3	41	2	25	—	—
Contamination ...	—	1	—	3	—	—	—	—	—	—	—	—
Cysts	—	—	—	—	—	2	15	3	2	1	5	—
Emaciation ...	2	—	—	—	—	—	—	—	—	—	—	—
Fever	1	—	—	—	—	—	—	—	—	—	—	—
Injury	—	6	—	—	—	—	—	—	—	—	—	—
Improper Bleeding	1	—	—	—	—	—	—	—	—	—	—	—
Mastitis	—	—	—	—	—	—	—	—	—	—	—	6
Nephritis	—	—	—	—	—	—	—	—	—	—	7	—
Oedema and Dropsy	8	1	—	—	—	—	—	—	—	—	—	—
Pericarditis ...	—	—	—	—	—	—	—	—	11	—	—	—
Peritonitis	—	3	—	26	8	1	1	—	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	15	—	—	—	—
Pneumonia ...	—	—	—	—	—	—	—	29	—	—	—	—
Septic Intoxication	1	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	10	6	117	86	48	21	53	53	34	11	—	3
Totals	23	28	119	115	56	26	112	141	49	37	16	14

SHEEP—Condemnations for 1950. Total Examined, 35,591.

Diseases	Carcase and all organs	Part Carcase	Heads	Pluck	Lungs	Liver
Abcesses ...	—	23	3	76	36	64
Cirrhosis ...	—	—	—	—	—	2378
Congestion ...	—	—	—	2	1	1
Contamination	—	2	1	9	—	—
Cysts	—	—	—	—	530	425
Decomposed ...	1	—	—	—	—	—
Emaciation ...	29	—	—	—	—	—
Fever	4	—	—	—	—	—
Imp. Bleeding ...	1	—	—	—	—	—
Injury	—	1	—	—	—	—
Moribund ...	8	—	—	—	—	—
Oedema and Dropsy	89	36	—	—	—	—
Pleurisy ...	—	2	—	—	—	—
Pneumonia ...	4	—	—	2	95	—
Pyæmia ...	1	—	—	—	—	—
Strongyli ...	—	—	—	—	3803	37
Toxæmia ...	2	—	—	—	—	—
Totals	139	64	4	89	4465	2905

CALVES—Number Slaughtered and Examined, 7,374.

Diseases	Carcase and all organs	Part Carcase	Vells	Races	Livers	Heads
Abcesses ...	—	—	—	—	—	3
Bruising ...	—	6	—	—	—	—
Congestion ...	—	—	—	3	4	—
Contamination	—	—	—	8	—	5
Dropsy ...	1	—	—	—	—	—
Fever	40	—	—	—	—	—
Fracture ...	—	1	—	—	—	—
Immaturity or emaciation ...	37	—	—	—	—	—
Injury	—	1	—	—	—	1
Imp. Bleeding ...	1	—	—	—	—	—
Jaundice ...	3	—	—	—	—	—
Joint III and Navel III ...	34	—	—	—	—	—
Metabalic Pigmentation	—	—	—	—	20	—
Moribund ...	6	—	—	—	—	—
Melanosis ...	1	—	—	—	—	—
Pneumonia ...	2	—	—	—	—	—
Peritonitis ...	1	—	1	—	—	—
Pyæmia ...	7	—	—	—	—	—
Tuberculosis Congenital	23	—	—	1	—	1
TOTALS	156	8	1	12	24	10

(b) UNWHOLESOME FOOD CONDEMNED

The following Table gives details of the nature and weight of foodstuffs found to be unfit for human consumption during the year 1950, the bulk of the foodstuffs being surrendered to the Sanitary Inspectors at the time of inspection.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Offal (at Government controlled slaughterhouse)	219	18	0	2
Tinned and other packed foods ...	4	1	1	14
Fish	—	2	—	—
Sausages	—	—	1	12
Cheese	—	—	—	21
Currants	—	—	1	21½
Synthetic Cream	—	1	—	—
TOTAL	224	3	1	14½

Every effort was made to salvage for purposes other than human consumption the food condemned as unfit, subject to satisfactory safeguards as to the method of disposal.

Certain cases where foodstuffs not in a fit condition for retail sale, and which were in such quantity as to be useful for salvaging for other purposes, were referred to the Ministry of Food Salvage Division.

(c) MILK

Administration

1950 saw some amendment of the legislation controlling milk and dairies administration, in the placing on the statute book of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, the principal purpose of which was to provide for the making of regulations, for the inspection of dairy farms and dairies in respect of lighting, ventilation and drainage; for securing cleanliness of churns and other milk vessels and appliances and in respect of precautions to be taken for protecting milk against infection and contamination; and, in particular, for prohibiting the supply or sale of milk suspected of being infected.

The Milk (Special Designations) Act, 1949 was repealed. The transfer of local authorities' function following the introduction of the various acts introduced in 1949 was carried out quite smoothly and appreciation has been expressed by the officers of the Ministry of Agriculture and Fisheries at the co-operation shewn by local authorities in facilitating the transfer of these duties to the Ministry.

It will be remembered that the Milk (Special Designations) Act gave the Minister of Food power to restrict the sale of undesignated milk in certain specified areas. Up to the present, however, this power has not been utilised but as it is likely that action will be taken before very long it might be interesting to review the position as regards the supply of designated milks in Walsall.

The Milk Supply in Walsall

A reasonably accurate estimate of the quantity of milk passing through the Walsall dairies during the year is 5,568,000 gallons and table shews the quantities and various classes of milk of which it was comprised.

Classification	Estimated gallons per annum	%
T.T.	58,000 ...	1.04
Accredited	30,000 ...	0.54
T.T. (Pasteurised) ...	142,500 ...	2.56
Pasteurised	2,324,000 ...	41.73
Sterilised	3,004,000 ...	53.95
Raw	10,000 ...	0.18
Total	5,568,500 ...	100.00

From a "safe milk" point of view, it is a very satisfactory feature in that over 98% of the total was heat treated. Of the raw milk, some 58,000 gallons or a little over 1% was Tuberculin Tested milk, whilst approximately .5% or 30,000 gallons came from Accedited herds. It will be noted that the supplementary designation "Certified," used up to October 1949 in respect of "Tuberculin Tested" milk bottled on the farm, is no longer valid and that the succeeding supplement to "Tuberculin Tested"—"Farm Bottled"—has not been made use of. So far as the "Accredited" milk is concerned, this designation is continued for a limited period only and will be dispensed with in 1954. The designation "Accredited" merely indicates that the milk has been produced under hygienic conditions on approved farms, from cattle subjected to periodical clinical inspections, and has passed a test for keeping quality. It cannot be considered a tuberculosis free milk and "Accredited" producers are being encouraged to go over to "Tuberculin Tested" herds.

An interesting feature of heat treated milk is the fact that approximately 54%, or over three million gallons, is subjected to the "Sterilised" process. The commercialisation of this process began towards the beginning of the present century and "Sterilised" milk was on sale in the Midlands in the early days of its development. Veterinary and medical experts have adversely criticised the inclusion of "Sterilised" milk in the official designations, because of the effect the process has upon the dietetic value of the milk. It is evident, however, that "Sterilised" milk is very popular in this area. The reasons probably go back very many years and they may have interesting sociological connections.

Pasteurised milk represented approximately 42% of the annual throughput, whilst some 2.56% was comprised of "Tuberculin Tested Pasteurised." The need for the pasteurisation of "Tuberculin Tested" milk might be questioned by the lay public, but it should be realised that infections other than tuberculosis may be passed on from dairy cattle, and that heat treatment will also protect the public from the possible effects of contamination which might occur on the farm, or in the course of delivery to the dairy.

The sale of raw undesignated milk has decreased to almost insignificant proportions. Three retailers are involved in the total of 10,000 gallons sold during 1950 and it is expected that this figure will be further reduced next year.

Dairy Premises

It is pleasing to be able to report that one of the proposed new dairies was completed during the year. The premises and plant were licensed by the local authority and the business has been completely transferred from the old premises. Owing to many difficulties with regard to plant, materials and labour, however, the other dairy is still uncompleted, but steady progress is being made and there is every indication that the establishment will be ready for operation early in 1951. The installation of new equipment has been effected in another large dairy and considerable extensions are also contemplated. The dairy position in Walsall is reasonably satisfactory, as it will be possible, if and when it is necessary to do so, to achieve a 100% supply of designated milks to the public.

Milk Processing

The number of milk processing plants in the Borough remains the same, namely, 3 pasteurising and 4 sterilising plants. With the new dairies, methods of processing will continue as in the old establishments, although it has been necessary to introduce new plant in both instances. Both H.T.S.T. and the Holder methods of pasteurisation are practised in the town. A small quantity of milk pasteurised elsewhere is being bottled in one of the dairies; in view of the pending prohibition of this practice, however, the installation of a pasteurisation plant is being provided for in the dairy concerned.

With the introduction of the new milk legislation in 1949, extended requirements were necessary in respect of dairy equipment. Additional thermometers have been installed and representations made in respect of certain improvements which are now necessary to provide a greater degree of protection against contamination of the milk.

Delivery Vehicles

Discussions took place during the year with the dairy trade in the town, concerning measures which might be considered reasonable for meeting the requirements of the Milk and Dairies Regulations 1949, in respect of the protection of milk against various sources of contamination, including heat, and it was agreed that, as a preliminary measure, the roofs of all milk delivery vehicles should be covered. The whole question of vehicles, however, and the precautions to be taken by traders to prevent contamination, is under discussion at national level, and whilst the members of the trade in Walsall have agreed to carry out this initial improvement to vehicles, it is understood that in the near future further requirements may be enforced.

Sampling—Milk (Special Designation) Regulations

The results of samples submitted for examination under the Milk (Special Designation) Regulations are shewn in Table I. It is difficult to evaluate the results because of the modification of tests when the Ministry of Agriculture took over the supervision of milk production. The lower proportion of unsatisfactory samples returned this year compared with 1949 results is, however, worthy of comment.

In 1949 the total number of designated milks submitted for examination was 369, of which 37 (approximately 10%) were unsatisfactory. This year 351 were submitted, of which 9 (or approximately 2.5%) were returned as unsatisfactory. The figures for raw designated milks are 25 unsatisfactory samples in a total of 97 submitted (approximately 25%) for 1949 and 5 unsatisfactory samples from a total of 97 submitted (approximately 5%) for 1950. However, of the 25 samples returned unsatisfactory in 1949, only 12 failed the methylene blue test, so that had the samples of milk submitted in 1949 been subjected to the same tests as those applied in 1950 the percentage of failures would have been approximately 12.5% compared with the 25% failures shewn.

Whilst a report of the Committee set up to investigate these tests gave very good reasons for eliminating the B.coli method of examination (an additional test applied before 1950), it would appear that the conditions relating to special designation in respect of raw milk have been considerably reduced in standard. Further, an additional condition applied to designated milks is that at no time between the arrival of the sample at the laboratory and the point at which the examination begins should the atmospheric shade temperature exceed 65° Fah. Although it is obvious that some protection should be afforded traders against the effect of abnormal conditions, it is difficult to see how, in summer weather, it will be possible to avoid the rejection of a considerable number of samples. It does seem unsatisfactory that, under conditions which cannot be considered unusual, the milk supplied to the public will be exempt from any statutory test.

Results of the Phosphatase test shew a considerable improvement on last year's Report, only two samples from a total of 159 failing to comply with the regulations. In both these cases follow-up samples have proved satisfactory.

Synthetic Cream

During the year under review there has been a considerable extension in the sales of synthetic cream and, probably in anticipation of the release of dairy cream for sale to the public, a sales drive was directed by synthetic cream manufacturers towards the dairy firms. In a number of cases it was found that synthetic cream was being delivered in bulk containers and then packed into cartons at dairies in preparation for retail sale. In view of the fact that the Milk and Dairies Regulations 1949 restricts the use of any milk room to the storage or preparation of certain dairy products only, prepacking of synthetic cream in dairies was an offence against the Regulations.

Representations were made to the firms concerned and the practice discontinued in all cases.

Milk Bottles

Consideration has been given to the requirements of the Milk and Dairies Regulations which provides for the proper protection of milk from contamination by rainwater or dust, etc., and, in this connection, the possibility of the dairy trade introducing the all-over type of metal cap for milk bottles was discussed. However, the dairies themselves already had this in mind and steps were being taken for the gradual replacement of all existing unsatisfactory bottles with the new type, which provides for the complete covering of the bottle top.

Two complaints were received during the year, alleging that particles of broken glass had been found in bottles of milk. Both complaints were received from schools and the matter was taken up with the dairy concerned. Bottle washing machinery was overhauled and a stricter supervision was imposed on bottles prior to filling.

Licensing

The number of licences issued during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949 and the Milk (Special Designations) (Raw Milk) Regulations 1949 was as follows:—

PLANT LICENCES.

For Milk Pasteurisation	3
For Milk Sterilisation	4

DEALERS LICENCES.

For the sale of Pasteurised milk	46
For the sale of Sterilised milk	303
For the sale of Tuberculin tested milk ...	7

TABLE I.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF MILK, 1950

Grade of Milk	Summary of Results			Details of Tests							
				Methylene Blue		Phosphatase		Turbidity		Phenol Phthalein	
	Satis.	Unsatis.	Total	Satis.	Unsatis.	Satis.	Unsatis.	Negative	Positive	Negative	Positive
T.T.	21	1	22	21	1	—	—	—	—	—	—
Accredited	11	1	12	11	1	—	—	—	—	—	—
T.T. (Pasteurised) ...	60	3	63	60	3	62	1	—	—	62	1
Pasteurised	94	4	98	94	4	97	1	—	—	97	1
T.T. (Sterilised) ...	6	—	6	—	—	—	—	6	—	—	—
Sterilised	150	—	150	—	—	—	—	150	—	—	—
Totals	342	9	351	186	9	159	2	156	—	159	2

(d) ICE CREAM

The Ice Cream Trade

By far the greatest proportion of ice cream manufactured in the Borough is of the pasteurised mixed type, processed in the larger establishments. The trade again had a prosperous year and many improvements were introduced in the way of new equipment and machinery. Refrigeration for hard freezing was considerably extended to meet the increased public demand for this type of ice cream.

There appears to be a marked tendency towards a reduction in the distribution and sale of loose ice cream, especially by the large manufacturers in the town. Prepacked ice cream is very convenient, easy to dispense, and reduces handling to a minimum outside the factory.

The proposed new ice cream factory mentioned in the report for 1949 was approved by the building licensing authority and construction was in progress at the end of the year. This new factory built on a site in Bloxwich, will take the place of an old establishment in the town, the use of which will be discontinued.

The number of ice cream manufacturers in the borough, therefore, remains the same as last year, namely: —

Pasteurised Mix	9
Cold Mix	8

The number of premises registered for the sale and storage of ice cream increased during to year to 222.

Standards

An important deficiency which still remains with regard to ice cream legislation is the absence of legal standards for the chemical composition of ice cream. With the improvement in supplies of milk powder, however, the Minister of Food agreed to increase allocations to traders on condition that a minimum standard of 2.5% fat shall be observed, and in this connection, local authorities are required to submit periodically to the Ministry the results of samples taken in their districts.

There was no occasion during the year where results were below this standard. Indeed, the view expressed in the last report, that a reasonable standard of product could well be maintained, was substantiated, the average fat content of 80 samples taken during the year being 7.84% compared with an average of 7.9% in 76 samples during 1949.

In the case of prepacked ice cream it is an established practice to introduce into the mix what is known as over-run, which is achieved by the introduction of air at the freezing stage, sometimes to the extent of as much as 100% of the prepared mix. In order to create a suitable condition for the cutting and packing of the product it is necessary to submit it to the hardening process. Hardening is achieved by storage in a low temperature refrigerator for one or two days.

Since prepacked ice cream is sold on a fluid capacity basis, comment has been made, that, in the event of a legal standard being fixed for the fat or milk solid content of ice cream, the extent of over-run practised should be controlled or, at any rate, taken into consideration when a standard is decided. It is interesting to note that the installation of continuous horizontal freezers, which are capable of increasing the over-run in ice cream, is being extended in the borough.

Ice Cream sold in Parks, etc.

The Health Committee were concerned at the lack of standards for ice cream and decided to recommend to the Council, that firms accepting contracts for the sale of ice cream in parks and other Corporation controlled establishments should conform to a reasonable standard. The Council decided that conformity with such a standard should be a condition included in the Corporation contracts; throughout the year the standard was well maintained by producers supplying Corporation establishments.

Liquid Milk

In April 1950 the Ministry of Food found it possible to release supplies of milk surplus to the need of domestic consumers for the ice cream trade. This was a measure welcomed by the trade although, because of its long established use, many traders retain a strong preference for dried milk powder, in view of its better handling and storage properties and the reliable results shown on analyses.

Ice Cream Samples

199 samples of ice cream were submitted for bacteriological examination during 1950 compared with 129 in 1949. The results shown in Table II are of a higher standard than last year, both as regards local production and in respect of ice cream coming into the town from outside. It is significant that results of samples of cold mix ice cream are considerably better than those for hot mix. With the cold mixed product, the only operations necessary are the addition of cold drinking water to an approved mix powder and freezing of the reconstituted mix. The hot mix process is much more complex, involving mixing of the numerous ingredients, pasteurisation, in many cases homogenisation, and then cooling, ageing and freezing.

This method calls for a high standard of hygiene throughout the course of production if good results are to be obtained, but, with suitably trained staff and the necessary equipment, there should be no great difficulty in achieving and maintaining the standards required.

However, the tests applied to ice cream, together with the provisional grading scheme, are still in the nature of an experiment, although the reports made by the Committee set up for the purpose of investigating the methods of examination speak most favourably of them.

Supervision of Manufacture

The value of regular and frequent inspections of ice cream establishments by Sanitary Inspectors cannot be over-estimated. Even if it is not possible to afford all the attention to this work that is desired, every effort is made to follow up and investigate the circumstances and conditions of production, of all samples falling in the provisional grades 3 and 4. Considerable time was spent on this work, involving as it does in many cases the complete supervision of all stages of production in the establishments concerned, together with instruction and advice in the principles of steam and chemical sterilisation, and dairy hygiene generally.

It is only in recent years that the ice cream trade has been acknowledged as one which demands dairy standards of equipment and processing. Despite the shortage of materials, particularly stainless steel, much progress has been made in the development of equipment, with the result that the industry now has available an excellent range of plant for both pasteurised and cold mix production. So far as the aspect of sterilisation and personal hygiene is concerned, progress has not been quite so marked, although there is evidence to show that the efforts of the Department in this direction are beginning to show results.

Ice Cream Vehicles

All vehicles operated by Walsall manufacturers are now equipped with hot and cold water for personal ablution purposes. Attention was paid throughout the year to vehicles coming into the town from other areas, but until the system of registration is adopted it will be impossible adequately to control this aspect of retail sale.

Ice Lollies

Since the view was expressed that ice lollies did not come within the definition of ice cream, concern has been shown by many health authorities that ice lollies manufacture, widely distributed as they are today, should be exempt from registration under Section 14 of the Food and Drugs Act, 1938.

Although it has not been possible to carry out a detailed investigation into the manufacture of this confection, circumstances of production which have come to light from time to time show that there is a great need for an extension of the registration provisions so as to include premises in which ice lollies are manufactured.

In many instances it is only after premises have been used for ice lollie manufacture for some time that it comes to the notice of the department. This is felt to be unsatisfactory.

The types and combination of ingredients used in the preparation of ice lollies differ widely but they can be classified into 4 main types: —

1. Concentrated fruit juice syrup supplied for the specific purpose of ice lollie manufacture.
2. Bottled concentrated cordial, used direct from the bottle or with the addition of water.
3. Sweetened tablets of various flavours, dissolved in water.
4. Aerated mineral waters, used solely or in combination with cordial.

The mixture to be used is poured into moulds, which are in turn placed in a refrigerator. The refrigerator may operate at temperatures down to −230°C.

During inspections carried out during the year a number of unsatisfactory features in manufacture were noted. In some cases, refrigerators have been used which were not originally designed for this particular purpose, with the result that rough adaptations introduced made it very difficult to keep the inside of the refrigerator clean. The wide variety of moulds used comprised many different materials, including tinned copper, aluminium, stainless steel, plastic and porcelain. Pitting of some metals was revealed, probably due to their unsuitability for use with ingredients of low Ph. value, whilst the case of plastic and porcelain, staining and cracking was evident.

A number of local producer retailers were found to be preparing lollie sticks from miscellaneous pieces of wood, a most unsatisfactory practice.

It should be stated, however, that so far as the larger manufacturers are concerned, conditions appear to be satisfactory.

Ice lollies are increasing in popularity, especially amongst the younger members of the community. It is highly desirable that this commodity should be subject to a greater measure of control and that a system of registration should be introduced without delay.

TABLE II.

RESULTS OF ICE CREAM SAMPLES

Local Manufacture

Grading	1	2	3	4
Heat Treatment ...	42	11	5	18
Cold Mix	32	2	—	1
Totals	74	13	5	19

Manufactured outside Walsall and sold locally

Grading	1	2	3	4
Heat Treatment ...	58	18	5	7
Cold Mix	—	—	—	—
Totals	58	18	5	7

Note on the Test applied

The provisional test for ice cream which has been operating experimentally for the last few years is the methylene blue reduction test. The provisional gradings are as follows: —

Provisional Grading	Time taken to reduce methylene blue
1 ...	4 hours or more.
2 ...	2½—4 hours.
3 ...	½—2 hours.
4 ...	0 hours (i.e., reduction at the end of incubation period).

Grades 1 and 2 are considered satisfactory, and grade 3 and 4 unsatisfactory.

The standard suggested for manufacturers is that over a period of six months 50 per cent. of the samples should fall in grade 1, 80 per cent. in grades 1 or 2, not more than 20 per cent. in grade 3 and none in grade 4.

It has been emphasised to health authorities that judgement should not be made on individual samples, but rather that results over a period of six months should be examined before assessing the hygienic quality of a particular product. The need for reserved judgement is also stressed, in view of the experimental nature of the methylene blue test.

(e) FOOD HYGIENE

The campaign for improved conditions in the handling, storage, preparation and distribution of food was continued throughout the year by most health authorities. There was much publicity in the press and the need for a better standard of hygiene in connection with food, was emphasised by the number of outbreaks of food poisoning which were reported in various parts of the country. In most of these outbreaks, the trouble was due to the simple fact that persons employed in the handling of food did not practice the elementary rules of hygiene.

Although the food trade guild scheme was adopted by a number of authorities during the year it does not appear to be achieving the success which was at first envisaged. Authorities taking part are finding it increasingly difficult to extend their membership, and the impression now, is that the firms who are co-operating in the scheme, are the ones who possibly least require this form of control, whilst the firms of a less desirable type remain outside. The formation of such an organisation has been considered in Walsall but it is felt that the policy adopted by the Health Committee in furthering education, intensifying the inspection of food premises and the enforcement of existing legislation where necessary, is proving of great benefit. There are, of course, difficulties with certain aspects of food trading because of deficient legislation, these are discussed later in the report.

Education

Following the lectures to the food traders last year it will be remembered there was a disappointing response to a food hygiene course arranged at the Technical College by the Department, in connection with Further Education activities. Despite this initial setback, it was decided to make a further endeavour to establish such a course and the Education Authority again agreed to include it in their prospectus for the 1949/50 session. On this occasion there was an extremely satisfactory response from the trades; in all over 80 people expressed their desire to attend the lectures and it was found necessary to divide the course into two parts. One course was designed to meet the needs of the dairy and ice cream trades and the other dealt with the various aspects of food hygiene in the food trades generally. Each course was comprised of 12 evenings instruction and in the case of the course for dairy and ice cream trade employees, a visit was made to a large dairy in the town. The courses were extremely successful and the students were unanimous in their appreciation of the information and help they had received.

The result of the examination which was set at the end of each course was very satisfactory. These courses have undoubtedly done much to further the effort towards cleaner food.

The inspection of food premises is also assisting to a considerable extent our educational activities. As a result of these inspections, one of the larger firms in the town at least, has become enlightened to the need for the education of food handlers, so much so, that a request was made to the department for the setting up of a day-time course on food hygiene for the benefit of their employees. The firm in question agreed to allow their employees time off during working hours to attend the classes, and also undertook to pay the necessary fees. This course is scheduled to start at the Technical College early in the New Year.

Talks were also given during the year to many organisations in the town, and every opportunity was taken by the Sanitary Inspectors to call the attention of traders to the ways in which conditions could be improved.

Investigation

In connection with an alleged outbreak of food poisoning, it was necessary to conduct a detailed inspection of the arrangements for food storage, food handling, preparation and distribution at a local establishment. Observations were made as to the inadequacy of existing facilities, and the need for improvement in methods.

Mode Byelaws

With the publication of the new model byelaws in connection with the handling, wrapping and delivery of food and the sale of food in the open air, many local authorities had seized the opportunity of extending their control over this aspect of food trading. Although the new model byelaws were only issued in October 1949, approximately 1,100 local authorities had adopted them by the end of 1950. They have not yet been adopted in Walsall, although they have been accepted by the Council in principle.

The model byelaws have been very carefully considered and having regard to the widespread implications of the byelaws on the food trade generally, and upon the Walsall open-air market in particular, it was felt that considerable basic improvements were necessary before it would be practicable, or indeed prudent, to adopt the byelaws. It is well known that conditions under which food is handled and sold in the open air are not everything to be desired. Many Corporation properties are far from exemplary from the point of view of food hygiene, and as the standard set by the Corporation in these matters will be the yardstick by which all others concerned in the food trades will measure their responsibilities, it is essential that an example of good practice should be found in the local authority's own properties. Recommendations are being made to the committees concerned, and when it is considered that the time is opportune for the adoption of the byelaws, there is no doubt that these will be accepted.

Inspection of Food Premises

There are approximately 1,000 food premises of all types in the town. The inspection of these establishments makes considerable demands upon the time of Sanitary Inspectors. In many instances during the year it was necessary to call the attention of traders to unsatisfactory structural conditions, or lack of essential amenities, and, as will be noted from Table III many improvements to these premises were achieved.

A number of food preparation rooms were re-equipped or re-designed, and work was in progress at the end of the year on two meat manufacturing premises, both of which will be models of design and hygienic construction, when they are completed. In each case particular attention has been given to the provision of ample refrigeration space for raw materials and finished goods, an important factor in the prevention of foodborne infection. Another large meat manufacturing firm is also seeking the necessary licences to construct new premises.

New Food Establishments

There was an increase in the number of food establishments in the town during the year. The liaison between the Health Department and the Food Executive Officer continued and some 49 cases were reported to the Health Department for comment after applications for catering licences had been made to the Food Office. In 24 instances it was found necessary to make recommendations to the persons concerned, for certain improvements to be made in order to bring the premises up to a reasonable standard.

Reference was made in the report for 1949 to the need for registration of all food premises. Whilst there is no indication that this will be extended to all food establishments in the near future, it is interesting to note that Working Parties are at present investigating standards and conditions in the catering trade and meat manufacturing trade, and it is hoped that the outcome of the reports, the publication of which is expected in 1950, will be the registration of these trade premises.

Applications were made in two instances to the Food Office for licences for the operation of mobile canteens. Both these cases were referred to the Health Department for comment and after recommendations had been made by this Department for the installation of necessary equipment, the licences were granted. The food preparation rooms, in each case, were situate outside the Borough, but they were inspected and approved by the local authorities concerned. It seems desirable that vehicles employed in this trade should be registered before they are allowed to operate.

Infringements of the Food and Drugs Act

A number of infringements of the Food and Drugs Act were reported to the Committee during the year and although no legal proceedings were instituted, the traders concerned were censured by the Health Committee and, in one case, represntatives of the firm concerned were requested to appear before the Committee, and were warned of the consequences in the event of further contraventions.

TABLE III.

Details of Improvements to Food Premises

	Butchers	Ice Cream	Fish Fryers	Others	Total
No. of premises improved	47	28	37	43	155
Structural repairs	21	2	11	16	50
Ventilation provided or improved	9	—	3	12	24
Suitable food storage facilities provided	6	1	2	8	17
Hot water supplies installed	22	15	20	37	94
Wash basins provided ...	20	10	14	30	74
Sinks provided	8	4	9	25	46
Miscellaneous improvements	24	8	13	65	110
Total improvements ...	157	68	109	236	570

(f) SAMPLING—FOOD AND DRUGS ACT, 1938.

Mr. F. E. Thompson, A.R.C.S., F.R.I.C., held the appointment of Public Analyst until his retirement on 31st March, 1950. Mr. D. C. Jenkins, M.Sc., D.I.C., F.R.I.C. (of the firm of Messrs. Bostock, Hill and Rigby, Birmingham) took over the appointment on 1st April until his retirement on 31st October. Mr. F. D. G. Chalmers, M.A., B.Sc., F.R.I.C. (of the same firm) then took over the appointment. Samples under the Food and Drugs Act, 1938 were submitted to each of these persons.

Of the 237 samples submitted under the Food and Drugs Act, 56 were formal and 181 informal; of these, 5 (equivalent to 2.10%) were adulterated. 49 of the samples were milk, of which 1 (equivalent to 2.04%) was adulterated.

Detailed list of samples

Milks 49, Ice Cream 81, Butter 6, Margarine 6, Cooking Fat 6, Sausages 6, Fish Paste 4, Pickles 4, Custard Powder 3, Salad Cream 3, Coffee and Chicory Essence 3, Tomato Ketchup 3, Table Jelly 3, Honey 2, Self-raising Flour 2, Baking Powder 2, Pastry Mixture 2, Pepper Flavour Compound 2, Christmas Pudding 2, Rum Flavoured Coffee and Chicory Essence 2, Malt Vinegar 2, Desiccated Coconut 2, Candied Peel 2, Full Cream Condensed Milk 2, Synthetic Cream 2, and 1 each of the following: Golden Syrup Pudding, Olive Oil, Gelatine, Borax, Curry Powder, Cream of Tartar, Mint Sauce, Pie Crust Mixture, Beef Paste, Bicarbonate of Soda, Royal Dessert, Tomato Juice, Iodised Tonic Emulsion, Table Delight, Yorkshire Pudding Mixture, Sponge Mixture, "Maralyn," Shredded Beef Suet, Sauce, Beef Steak Pudding, Coffee, Tongue Paste, Horseradish Cream, Ground Almonds, Dried Sage, Dressed Salmon, Beef Suet, Treacle, Sandwich Spread, Orange Concentrate, Spearmint Concentrate, Pineapple Flavouring Tablets, Lemon Flavouring Tablets, Port-flavoured Wine.

Details of Adulterated Samples:

Sample No. 44 Milk—Extraneous water 0.94%.

Sample No. 89 Sausages—6% deficient of meat.

Sample No. 50 Rum-flavoured Coffee and Chicory Essence.

Sample No. 185 Candied Peel—Contained 72 parts per million copper.

Sample No. 188 Candied Peel—Contained 130 parts per million copper.

Follow-up samples were taken in connection with samples Nos. 44, 50 and 89 and in both cases they were found to be to standard.

Following the unsatisfactory report on Sample No. 50 an endeavour was made to secure further samples of this commodity but unfortunately no more was available.

With respect to Samples Nos. 185 and 188, it was found on investigation that the candied peel had been prepared in copper vessels and that the excess copper shown on analysis had been derived from this source. The matter was taken up with the manufacturers concerned, who stated that the plant was to be overhauled and that every precaution would be taken to prevent a similar occurrence.

PART 4.—WATER

The water supply for the area is from the mains of the South Staffordshire Waterworks Co. and was satisfactory during the year both in quantity and quality.

In only a few houses is mains water not available. Most of these cases are in outlying districts and many of the properties are likely to be the subject of housing action.

The following is an approximate proportion of the dwelling houses supplied: —

	Houses	Population	Percentage
(a) Direct to houses ...	30,160	110,700	96.7
(b) Houses sharing standpipes or common taps	1,025	3,700	3.3

A high percentage of the houses sharing standpipes or common taps are either already condemned or likely to be condemned within the next ten years.

6 samples of well water were obtained and submitted to the Bacteriologist for examination. 4 of these samples were reported as unsatisfactory, and advice was given on the precautions to be taken.

PART 5.—ATMOSPHERIC POLLUTION

Introduction

During the year the Department has continued its efforts to reduce the amount of pollution in the air of the town.

Apart from the routine programme of investigating complaints and giving technical advice to stokers and managements, a detailed and prolonged investigation into allegations of spray, noise and smoke nuisance from the new electricity generating station at Birchills has had to be carried out. In this latter connection, experimental investigations were begun early in the year; these were intensified in the spring and early summer, and a detailed report was presented to the Council in July, 1950. The report was necessarily a complex technical document and it is only possible, within the compass of an Annual Report to give a greatly shortened version of it. The summarised version appears on pages 92 to 96.

Progress

Progress throughout 1950 has been steady but unspectacular.

During the year a number of boiler installations have been converted to mechanical firing, with fuel savings of the order of 15 to 30% and with an appreciable reduction in smoke emission. Mechanical firing is not the panacea for all smoke nuisances, but in many cases,—particularly in hand-fired vertical boilers,—it seems to be the most practicable remedy. Occasionally it is possible to overcome heavy smoke emissions from hand-fired vertical boilers by changing over from coal to coke fuel; this changeover was successfully adopted in two cases during the year.

There is abundant room for an improvement in the standard of hand-firing boilers, and encouraging results have already been achieved as a result of advice given to stokers and firemen. Unfortunately, this aspect of the work requires a great deal of time, and it is only possible to tackle a limited number of cases at present.

It is appropriate, under this heading, to remind factory managements of the excellent service given by the Fuel Efficency Branch of the Ministry of Fuel and Power. This service is free, and, particularly in view of the shortage and high cost of fuel, well worth taking advantage of.

The problem of smoke from metallurgical furnaces continues to cause anxiety. The use of powdered coal for annealing processes has been responsible at times for severe emissions of soot and dust. Hopes entertained last year that underfeed mechanical stoking might solve many smoke problems from industrial furnaces have not, unfortunately, materialised. Electrical methods, ideal from a public health aspect, are costly and at present have certain technical disadvantages. Conversion to fuel-oil burning would appear to offer the best immediate prospect of reducing smoke nuisance from certain types of metallurgical furnace, and it is hoped that the international situation will permit this to be done to a greater extent in future.

Whatever may be argued on architectural or æsthetic grounds against the erection of tall chimney stacks, it has to be admitted that they at least have the merit of dispersing the products of combustion more efficiently. At the present stage of technical development the erection of a tall chimney may be the only feasible expedient in certain difficult processes.

Special Nuisances

A number of complaints of the escape of acid fumes from special processes has been received during the year. Happily, these complaints were small in number and it has generally been possible by modifications of the plant concerned, or by simple alteration in building design, largely to eliminate the nuisance.

The Gas Works tip, which had caused serious annoyance for a number of years, is now in process of removal. The West Midlands Gas Board is to be congratulated on its initiative in commencing to dispose of this objectionable accumulation.

Noise

Complaints of noise nuisance have been steadily increasing during recent years and 1950 was no exception to this trend. One factor responsible for the increase is the growing mechanisation of industry. Although noise is not yet a Public Health Act Nuisance in Walsall, it has been possible for the Department, by informal action and advice, to secure a reduction of certain serious nuisances. The problem is one which almost certainly will require greater attention in future and may well have to form the basis of a special report to the Health Committee with a view to securing local legislation for its control.

Planning—Past and Present

Many industrial nuisances, and in particular excessive noise emissions, are aggravated by the fact that houses and factories in the past have been allowed to develop side by side. While it is difficult to replan existing joint industrial and residential areas, efforts are now being made by the Planning Department so to site new houses and factories that neither exists to the prejudice of the other.

The Health Committee again records its appreciation of the co-operation of the Borough Surveyor and his staff in affording officers of this Department the opportunity of commenting on plans of new factories or factory extensions. During the year, 130 plans were examined and suggestions made in 11 cases for the inclusion of safeguards to prevent smoke, dust or noise nuisance; in two cases the establishment of certain processes near houses was advised against.

Domestic Smoke Nuisance

Although the Housing Committee has set an example by installing approved fuel burning appliances in new Council houses, little progress can be recorded in the reduction of smoke from domestic chimneys. It is unfortunate that supplies of coke and other solid smokeless fuels are at present so restricted.

Measurement of Pollution

In this town two types of instrument are used for measuring air pollution. One type, the Deposit Gauge, enables the amount of suspended matters (dust particles and so on) present in the air to be calculated; these amounts are expressed in tons per square mile per month. By means of the other type of instrument (the Lead Peroxide Instrument), the activity of sulphur gases in the atmosphere can be estimated; these results are given as milligrammes of sulphur trioxide (SO_3) per 100 square centimeters per day. The Department operates 5 Deposit Gauges and 9 Lead Peroxide instruments. These gauges and instruments have been so placed in various parts of the town as to give as true a picture as possible of the pollution of the air in different districts.

The readings from all these instruments are set out fully in Table IV on pages 88 and 89. To make their significance clearer these figures are illustrated graphically on pages 90 and 91; the graphs are worthy of study, even by those not normally interested in statistics.

It is interesting to examine the average amounts of matter deposited monthly over one square mile of Walsall during the last five years. These figures are set out below: —

Average Deposit in tons per square mile per month

1946	1947	1948	1949	1950
18.32	17.09	16.65	15.82	15.97

The amounts recorded above are the average readings of the five Deposit Gauges in use. It will be noticed that the steady decline from 1946 to 1949 has not continued, the average for 1950 showing a slight increase over the previous year. A number of undeterminable factors influence the amount of suspended matter collected, and the increase in 1950 need not be regarded with undue seriousness; in statistics of this kind it is the trend over a period of years that matters.

In last year's report, in order to portray more vividly the amount of material deposited, calculations were made to show the size of a heap which would be formed if all the dust and suspended matter collected in Walsall in a year were piled in a conical heap on The Bridge. It is perhaps worth repeating the illustration this year. From the figures available in the Department's records it is calculated that 2,625 tons (approximately 4,375 cubic yards) of solid impurities were deposited over the whole of Walsall during 1950. This mass of impurities would form a cone 170 feet in diameter and 15 feet 8 inches high, an increase in height of 4 inches over last year's heap.

ATMOSPHERIC POLLUTION

TABLE IV.

Deposit Gauges—Records of Deposits—1950

Deposits in Tons per Square Mile per Month.

Month	Bloxwich (Station St.)	North (Transport Depot)	Central (Hatherton Road)	East (Sutton Rd.)	South (Bescot)
January ...	15.33	16.95	18.41	7.98	No Reading
February ...	16.79	No Reading	24.73	11.20	22.66
March ...	16.68	15.85	18.39	5.80	16.66
April ...	14.80	14.63	28.74	11.06	17.45
May	9.85	12.68	14.51	6.77	10.72
June	9.81	12.63	20.71	7.40	11.74
July ...	No Reading	13.92	18.09	12.82	11.56
August ...	18.66	18.49	17.42	7.77	15.85
September ...	22.20	20.19	21.80	11.40	18.90
October ...	16.13	12.61	14.81	4.36	8.66
November ...	22.84	20.80	33.19	15.85	19.61
December ...	18.95	16.09	37.24	13.78	15.26
TOTALS ...	182.04*	174.84*	268.04	116.19	169.07*

Monthly Averages

1950 ...	...	16.55*	15.89*	22.34	9.68	15.37*
1949 ...	...	15.18	18.42	20.41	8.30	16.77
1948 ...	...	16.95	19.69	21.59	8.21	16.80
1947 ...	...	18.19	19.94	23.27	10.81	13.22

* Totals or Averages for 11 months only.

Table V.

Lead Peroxide Gauges—Record of Sulphur Pollution—1950

Weight of Sulphur Trioxide collected—Expressed in milligrammes of SO_3 per 100 square centimetres per day.

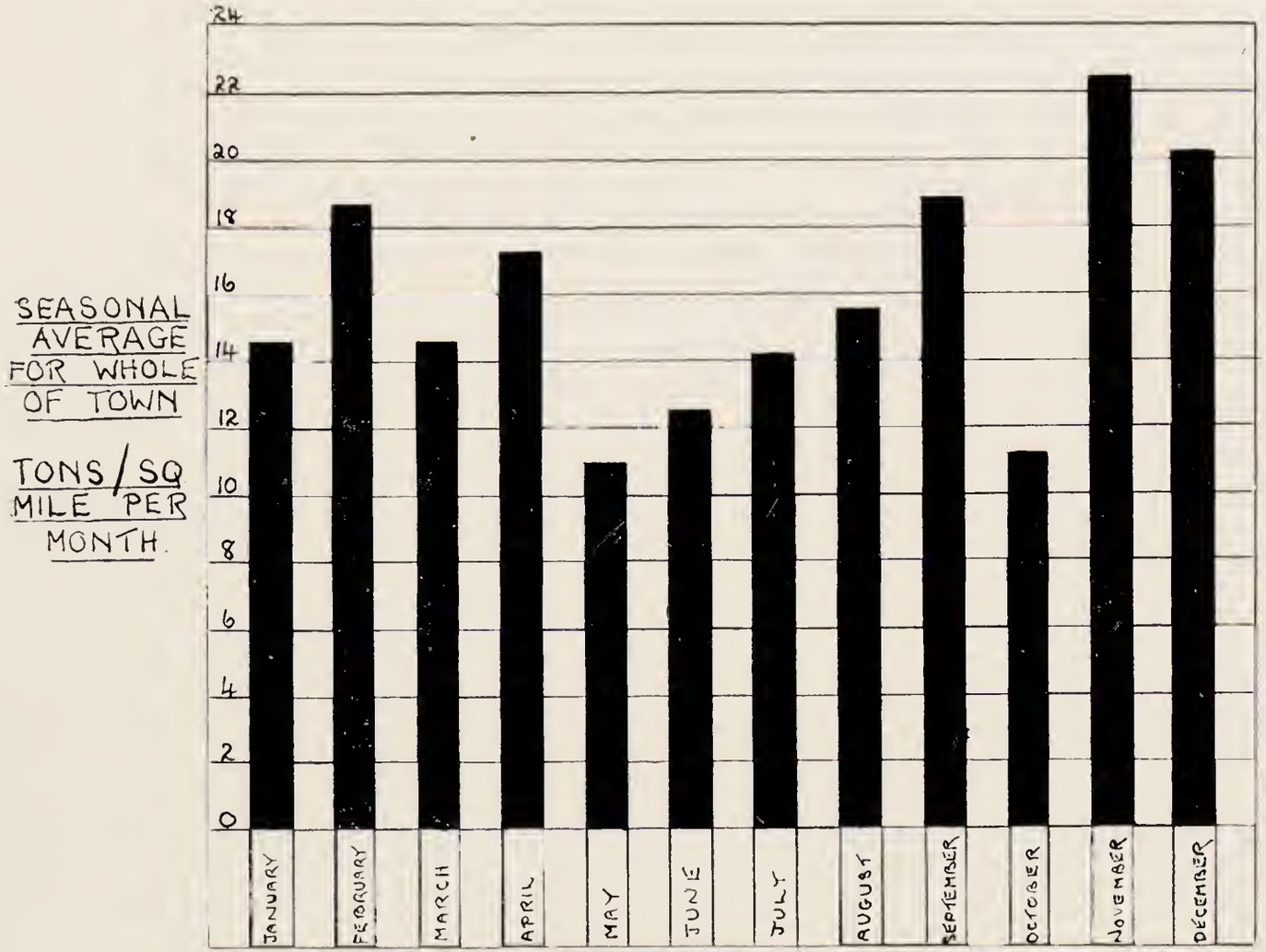
Month	Blox-wich	North	Central	East	South	Bloxwich Road	Manor Hospital	D'mouth Avenue	Trees Road
Jan.	3.09	3.36	3.73	1.65	3.35	2.64	3.10	1.97	1.93
Feb.	2.61	2.16	2.77	1.20	1.94	1.71	2.24	1.57	1.46
Mar.	2.73	3.02	3.07	1.08	2.54	2.28	2.58	1.77	1.69
April	1.63	1.85	2.70	0.90	1.69	1.44	1.64	1.24	1.29
May	1.59	1.48	1.95	0.56	1.36	1.35	2.05	0.88	0.73
June	1.29	1.71	1.83	0.47	1.54	1.14	1.19	0.97	0.78
July	1.30	1.55	1.31	0.41	1.64	1.15	0.99	0.86	0.61
Aug.	1.44	1.77	1.67	0.43	1.95	1.21	1.10	0.93	0.57
Sept.	2.32	2.55	2.73	0.73	2.86	2.20	1.56	1.46	1.40
Oct.	2.39	2.89	2.83	0.90	2.92	2.25	2.29	1.75	1.49
Nov.	3.05	3.48	4.18	1.39	3.52	2.84	3.00	2.14	2.25
Dec.	2.68	3.33	3.09	1.53	3.32	2.73	2.80	2.17	2.18
T'tal	26.12	29.14	31.86	11.25	28.63	22.94	24.54	17.71	16.38

Monthly Averages

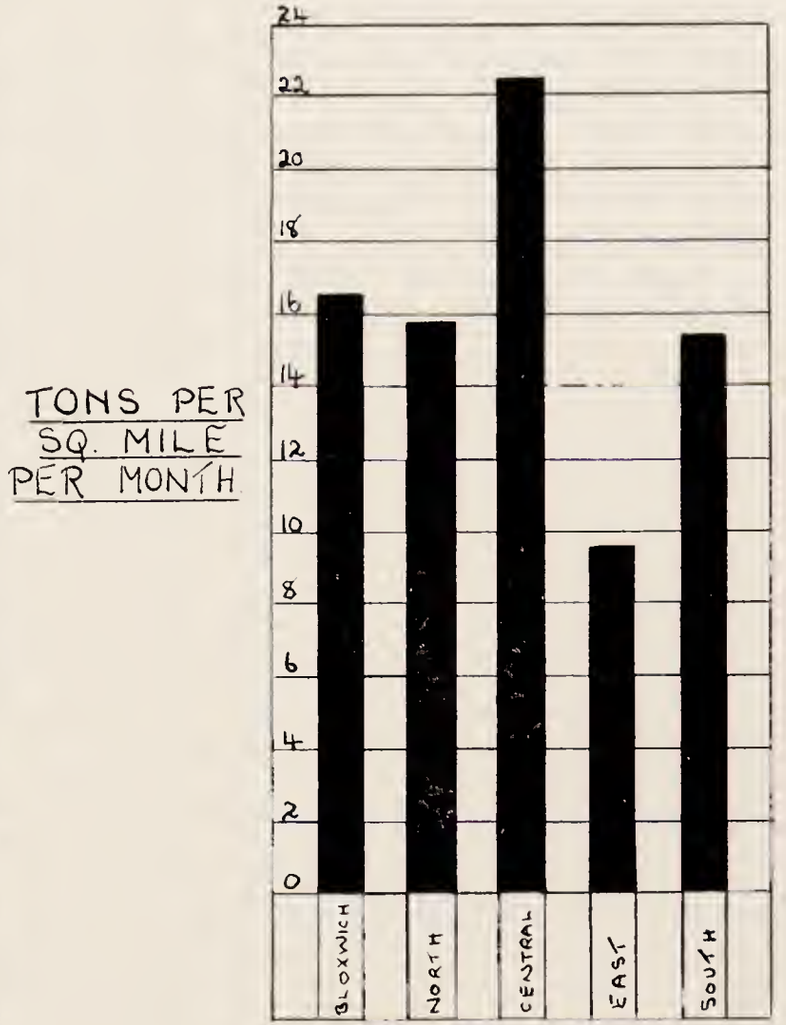
1950	2.18	2.43	2.66	0.94	2.39	1.91	2.05	1.48	1.37
1949	2.14	2.49	2.69	1.02	2.53	2.00	2.00	*1.66	*1.41
1948	2.11	2.47	2.64	1.00	2.57	1.65	1.82		

* Averages for 10 months.

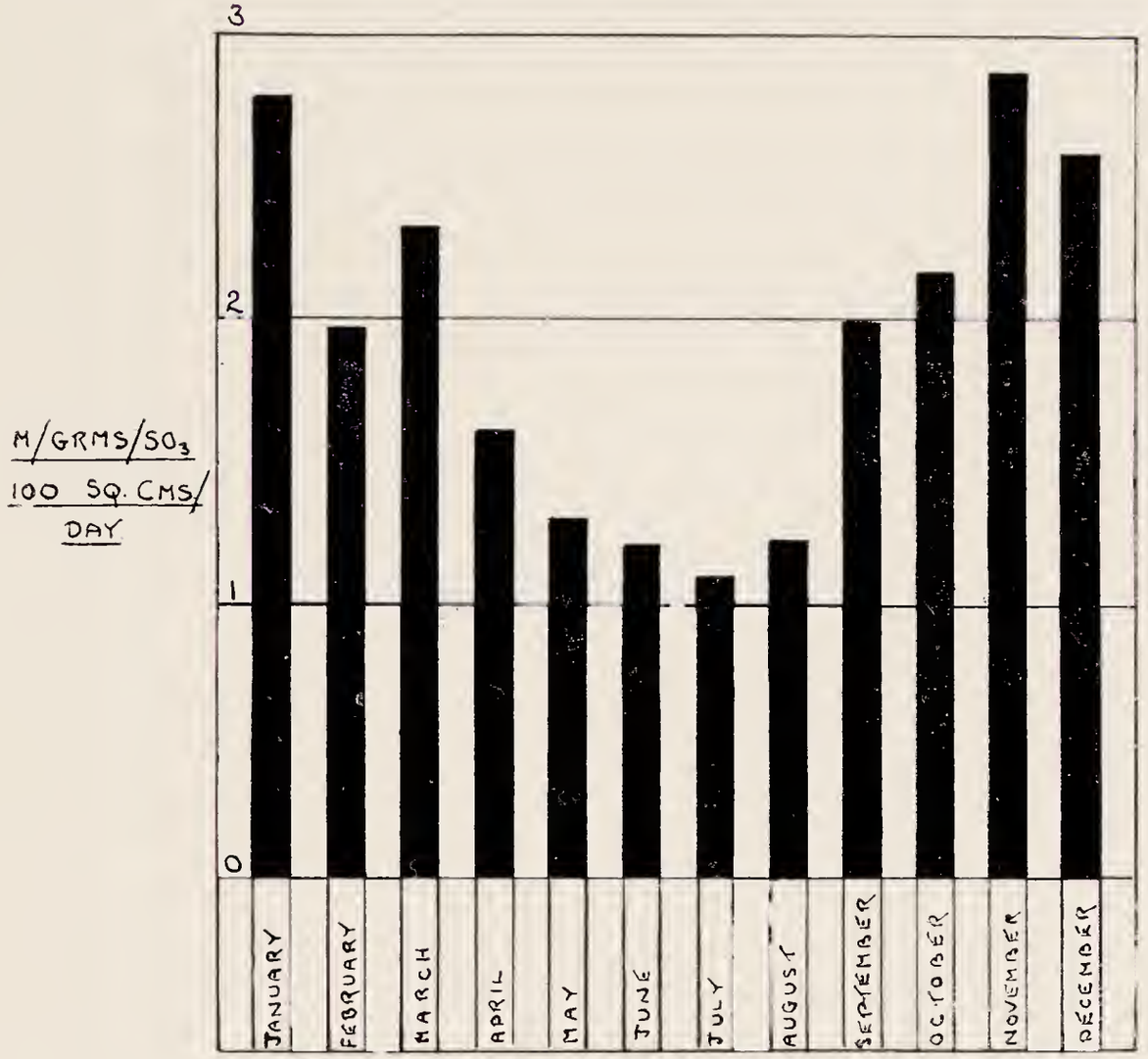
DEPOSIT GAUGES 1950
SEASONAL INCIDENCE (AVERAGES)



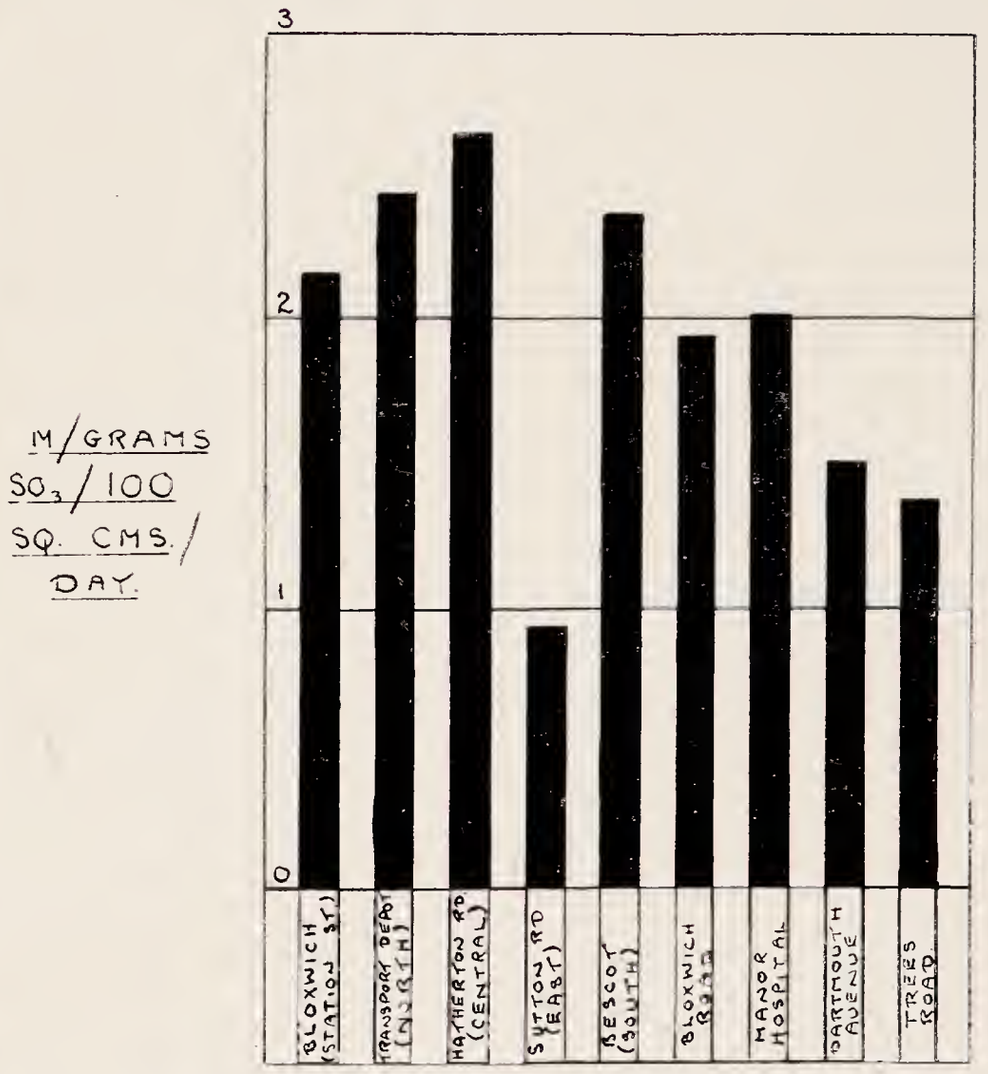
DEPOSIT GAUGES 1950
DISTRICT INCIDENCE (AVERAGES)



LEAD PEROXIDE GAUGES 1950
(SULPHUR DIOXIDE)
SEASONAL INCIDENCE (AVERAGES)



LEAD PEROXIDE GAUGES 1950
(SULPHUR DIOXIDE)
DISTRICT INCIDENCE (AVERAGES)



Report on Investigations into allegations of nuisance from the Electricity Generating Station, Birchills, with particular reference to the development of the Gypsy Lane site.

(Condensed from detailed report of the 11th July, 1950, to the Walsall Town Council.)

GENERAL STATEMENT

During the latter part of 1949 it was announced that the Council had decided to develop for housing purposes an area of land immediately to the north-west of the British Electricity Authority's new 180,000 killowatt electricity generating station. Soon after the announcement fears were expressed, in letters to the Press and by references in public speeches, that the estate in question would be subject to nuisance from droplets falling from the cooling towers and from noise nuisance from the stations generating processes. The experience of residents in the Ocker Hill district of Tipton during the last few years with regard to spray nuisance from cooling towers had naturally increased public anxiety in respect of the development of Gypsy Lane.

Later, reports were made to the Town Council that existing houses in the neighbourhood of the Birchills Generating Station were being rendered damp by droplets discharged from the cooling towers then in operation. There were also complaints that considerable annoyance was caused to residents by noise from the station in the early hours of the morning.

In consequence of these complaints, the Department undertook to conduct a thorough investigation into the whole question of nuisance from the Electricity Generating Station. These inquiries were to be made with particular reference to the development of the Gypsy Lane site for housing purposes, and to the extent to which existing houses in Birchills were affected by nuisance.

In order to assess the effect of discharges from the cooling towers on the dampness of the air, a prolonged series of relative humidity readings were taken. These readings were taken at selected points on the Gypsy Lane site, and simultaneously at a neutral point on the other side of the town well removed from the power station. (The neutral point chosen was the waste land opposite the Parish Church.) Similar readings were alto taken up-wind and down-wind of the power station's cooling towers. Notes were also made of the places where actual droplets were detected, and of prevailing winds and weather conditions. These tests were carried out by sanitary inspectors and student inspectors, daily when practicable, for a period of nearly five months.

So far as the development of Gypsy Lane was concerned it was apparent that, in the main, the degree to which nuisance would arise there was dependent on the proportion of winds from a south-easterly direction. In this connection Mr. J. C. W. Day, a Walsall meteorologist, furnished the Department with a valuable report giving the percentages of wind from the sixteen points of the compass, as recorded in Walsall during the six years 1943 to 1949. Similar information was supplied by Mr. A. L. Kelley, the Director of Edgbaston Observatory, with regard to wind directions recorded in Birmingham during the four year period 1946 to 1949 and the 20 year period 1926 to 1945.

In June, the second main feature of the investigation,—a rapid and intensive survey of houses in the Birchills area—was carried out. In all, 1,029 houses and 26 factories in the area bounded roughly by Wolverhampton Road, Raleigh Street, Birch Street, Croft Street, Stafford Street, Bloxwich Road, Hatherton Lane and Bentley Lane were visited. These inspections were made in order to find out if any dampness had arisen directly as a result of cooling tower spray, or if any nuisance from noise or smoke directly attributable to the power station was being experienced by residents.

The Department already possessed valuable information as a result of its work in connection with the investigation of atmospheric pollution. The statistical records of deposited impurity and sulphur dioxide content, now available for several consecutive years, provided useful supplementary information as to the condition of the air in various parts of the town.

CONCLUSIONS FROM INVESTIGATIONS

It is not possible, in this drastically abridged version, to reproduce the meteorological data on which the conclusions of the report were largely based. These details are set out fully in the comprehensive report which has already been furnished to the Council. It may, however, be of interest to summarise the main conclusions drawn from the observations and investigations, and these are given below under appropriate sub-headings.

Gypsy Lane Site

The relative humidity readings indicate that the air of the Gypsy Lane site is not appreciably damper than the air around the Parish Church. Readings were taken on 54 occasions. On 33 days the atmosphere of Gypsy Lane was damper than that of Church Hill by an average of 2.95%; on 19 days the Gypsy Lane air was drier by an average of 2.4%; on the two remaining days the humidities were equal. Relative humidity is expressed as a percentage, the normal ranges in Walsall being between 50 and 80%; humidities as high as 97% or as low as 33% were occasionally recorded. A relative humidity reading

of 100% indicates that the air is saturated with moisture (at that particular temperature). Differences in humidity of 2.0 to 3.0% cannot be regarded as critical over the ranges normally encountered in Walsall.

So far as the development of this site is concerned it is believed that spray may occasionally be encountered on various parts of the estate and that on rare occasions precipitation may continue for a whole day. Since the site lies generally to the north-west of the station, serious spray nuisance is only likely to occur when winds are from the south-south-east, south-east and east-south-east compass points. The meteorological records show that winds from these directions are comparatively rare in the Midlands only about 10.6% of them coming from the three particular compass points; such winds do not normaly persist for long periods. It is important to note that spray was only encountered on the site on four out of fifty-four occasions; in all four cases the spray was detected only on that part of the estate nearest the Generating Station; most of this particular section is scheduled for development as an open space.

Noise nuisance, probably severe in the early hours of the morning, is likely at times to be experienced by tenants of the new housing estate. The frequency with which this nuisance will arise depends to some extent on the incidence of south-easterly winds. On the other hand it is possibl that tenants in that section of the site nearest the station may experience noise irrespective of wind direction.

Little smoke nuisance from the stacks of the new Generating Station is anticipated. The boiler equipment is modern and efficient and the stacks are 255 feet above ground level (that is 717 feet above mean sea level). Incidentally, Barr Beacon is 700 feet above sea level and the cooling towers are 702 feet above sea level. The departmental records in connection with the measurement of atmospheric pollution do not show any significant localised increase in pollution since the new power station came into operation.

Existing houses in the neighbourhood of the Generating Station

The house-to-house survey revealed that complaints of spray nuisance appeared to be justified in 427 of the 1,029 houses inspected; of these 427 complaints, only 62 were serious. With regard to the incidence of dampness, 296 houses showed some evidence of this defect. Of the 296 cases of dampness, 279 were undoubtedly of long standing and were due entirely to the age or disrepair of the properties. The remaining 17 cases of dampness, all slight in extent, were alleged (probably wrongly) to be due to spray from the cooling towers. The relative humidity readings taken up-wind and down-wind of the power station indicate that the air down-wind was not markedly damper than that up-wind. Spray from cooling towers may be an annoyance, as is of course an unexpected shower of rain, but so far spray emissions have not been shown to make the air seriously damper than normal.

A visit to existing houses in the Birchills area between 5.0 and 6.30 in the morning confirmed that serious noise nuisance did occur at that time. It was, of course, most severe in those houses down-wind of the station at the time.

There was little serious complaint about smoke or dust emission from the chimney stacks of the new power station, but well confirmed complaints were made about the behaviour of the stacks of the older station; these latter stacks at times undoubtedly emit excessive smoke.

THE ATTITUDE OF THE BRITISH ELECTRICITY AUTHORITY

The British Electricity Authority is anxious that its activities should not give rise to complaint. For some time it has been actively carrying out experiments in an endeavour to eliminate or reduce spray from power station cooling towers. Certain recent experimental devices have given encouraging results, and the British Electricity Authority has undertaken to equip the Walsall towers with these devices. An assurance has been received from the Electricity Authority's technical officers that efforts will be made to cut down the noise emitted by the new station in the early hours of the morning, and also to reduce the admittedly heavy smoke emissions from the chimneys of the older generating station.

THE BIRCHILLS GENERATING STATION

The new power station, when completed, will consist of six 30,000 K.W. turbo-alternators. Steam generation is by means of water-tube boilers mechanically fired by chain-grate stokers. The first unit came into operation on the 30th June, 1949, the second on the 30th September, 1949, the third on the 30th December, 1949 and the fourth on the 30th June, 1950. The fifth and sixth units are expected to be working by 1953.

SUPPLEMENTARY OBSERVATIONS

The investigations show quite clearly that the policy formerly pursued in this town of permitting industrial and residential development to take place side by side is fraught with considerable risk. This Department is being increasingly called upon to deal with nuisance from noise, smoke or fumes from factories sited close to houses. There is no doubt that by more carefully locating factories and houses, future troubles of this nature may be largely avoided.

The Gypsy Lane site is low-lying in relation to the land on its eastern borders, but the acute need for houses in Walsall has made it necessary to consider its development as a housing estate.

It should be realised that domestic smoke from an estate of this size and low elevation may itself prove a serious source of atmospheric pollution. Smokeless means of heating should therefore be installed in the houses and consideration be given to the devising of tenancy

agreements making compulsory use of smokeless fuel in such appliances as are ultimately installed. Business premises, shops, public buildings and factories to be erected on the site should be required to operate smokeless methods of heating. It should be made conditional for new factories on the estate to incorporate in their plant the best practicable means of preventing nuisance from smoke, fumes, grit and noise. There is in fact a strong case for declaring the area a "Smokeless Zone."

ACKNOWLEDGMENTS

In conclusion, I record my appreciation of the assistance I have received from officers of other Departments and of other organisations.

I am particularly indebted to the Borough Surveyor, the Sewage Works Manager, Mr. L. F. Jeffrey (Chief Generating Construction Engineer of the Midlands Division of the B.E.A.), to Mr. J. C. W. Day of Walsall (meteorologist) and to Mr. A. L. Kelley (Director of Edgbaston Observatory).

My thanks are also due to Mr. E. Bayley (Smoke and Factories Inspector) for his supervision of the survey and preparation of the report, and to many other members of the staff who have co-operated in the effort.

PART 6.—DISINFESTATION

Bloxwich Depot

The improvements at the Disinfestation Depot recommended by the Health Committee in 1949 were approved by the Home Office during the year. The work is now in hand and should be completed during 1951. The improvements resulting from the alterations will mean better facilities for the airing of bedding after disinfestation and disinfection, and the provision of badly needed amenities for the staff.

Facilities for baths and showers are to be provided, which has ben a deficiency at the Depot ever since the disinfestation section of the Department was developed before the war. The men have many very unpleasant tasks which make baths essential and there is no doubt these improvements will be greatly appreciated.

A separate room for the housing of rodent control equipment and materials is planned and improved storage facilities for insecticides, disinfectants, etc., will be achieved. When the work is completed the depot will be an excellent, compact, working unit.

Housing Removals and H.C.N. Fumigations

There is an established arrangement between the Health and Housing Departments that in all rehousing cases involving removal to a Council house, the home conditions of all prospective Council house tenants are investigated for the purpose of seeing whether or not

infestation is present. When infestation by vermin or wood boring beetles is revealed, it is a condition of tenancy in respect of the new house, that the whole of the household furniture and effects shall be treated by the Health Department, who will also carry out the removal.

The work involved in these cases is, inspection of the house, removal of furniture, bedding, etc., to Bloxwich Depot for treatment by hydrogen cyanide fumigation or steam disinfection and then delivery to the newly acquired house.

During the year the effects of 167 families were dealt with in this way.

On several occasions again this year the Department was approached by an outside authority to carry out disinfestation and removal on their behalf. This is a service which has long been appreciated by adjoining authorities and is the means of giving an effective disinfestation treatment, which otherwise would not be possible. Indeed, the effective treatment of furniture, etc., from infested houses is now recognised as an essential part of rehousing.

House Fumigation

9 houses were fumigated during 1950 by the Washed Heavy Naptha method. In addition 2 houses were treated for an outside Authority.

Work necessary in connection with furniture fumigation and Rodent Control was a limiting factor with regard to the number of house fumigations it was possible to undertake.

General Disinfestation

The method of treatment necessary for disinfestation depends upon the type of insect involved. During the year treatments were carried out for infestations by lice, cockroaches, silver fish, fleas, ants, moths, flies, steam flies and wasps; in all some 181 treatments being necessary. Of this rather comprehensive list, the increase in woodworm infestation is probably the most serious. There were 33 instances of woodworm infestation treatments compared with 12 last year and in 25 cases the houses concerned were Corporation owned. In 20 cases the evidence available indicated that the infestation was introduced into the house through the medium of new furniture, which, it is understood, is the result of the timber shortage and the wider use now being made of timbers which, up to the outbreak of war, were subject to greater discrimination. Difficulties in the supply and availability of timbers is undoubtedly contributing towards this problem and there does appear to be a need for a thorough investigation into the use of infested timber for making furniture. There is every indication that unless some effective measures are taken, trouble with furniture beetle throughout the country will reach serious proportions.

The types of premises treated for general disinfestation included hospitals, restaurants, cinemas, various Corporation properties and dwelling-houses, which indicates in some measure the extent to which this Corporation service is known and utilised.

Miscellaneous Treatments

It will undoubtedly be of interest to know that the Disinfestation Depot has contributed in some way to the export trade. Requests were received during the year for the treatment of packing material, straw rope and blankets, prior to export to foreign countries. Appropriate treatment was carried out and it was necessary in these cases to certify that the materials in question had been effectively disinfected.

Another industry which requested the service of the Department in connection with its export programme was that of shaving brush manufacture. In this instance it was necessary for the firm to supply with a consignment of shaving brushes a certificate to the effect that the goods had been satisfactorily disinfected. The firm concerned had its own sterilising unit and it was necessary to visit the premises and investigate and certify the effectiveness of the sterilising operations.

Disinfection

The Disinfector at the Depot was in regular operation throughout the year. In all, well over 5,000 articles were treated, many of which were concerned with tuberculosis patients and other illnesses.

Rodent Control

The prevention of Damage by Pests Act, 1949, came into force on March 31st, 1950. It is an important enactment, being based on modern scientific methods for rodent control. Its inception has meant an extension of the rodent control services which have now become an integral part of general sanitary administration. In addition to the application of pest destruction methods, efficient rodent control today requires, where necessary, the structural repair of property and the service of notices. The comparatively short period of experience of the revised servicing methods shows a need for a wider conception of rodent control problems and for greater detailed control of this work.

Treatments for rats and mice numbered 399 of which 72 were in respect of business premises. A free service is provided for all dwelling-houses, whilst in the case of business properties the cost of the work, plus an established charge, is recovered from the persons or firms concerned.

The usual bi-annual treatments of the sewers were carried out during the year, some 600 manholes being treated on each occasion, with takes of 176 and 157 respectively. The degree of infestation in the sewers does not vary greatly year by year but it has been noticed that, in the older parts of the town, sewer treatment is often followed by a lesser degree of infestation in surface properties. Indications are

that the sewers in certain districts form a reservoir of infestation to a greater or lesser degree. This, of course, is unavoidable but makes the periodical treatment of the sewers all the more important.

Income

Income derived from business firms and private individuals for the year in respect of rodent control and general disinfestation work amounted to £409 5s. 8d., compared with £374 6s. 1d. last year.

PART 7.—GENERAL

Factories, Shops and Offices

There are now 880 factories on the departmental factories register compared with 889 last year.

Complaints of infringements of the Factories Act, 1937, or the Sanitary Accommodation Regulations, 1938, were received from H.M. Inspector of Factories in respect of 55 premises. These reports were all investigated and appropriate action taken.

Details of the types of factories inspected and of the action taken are set out in Table VI on pages 101 and 102.

Considerable work was involved in the examination of plans submitted for alteration and improvement of these types of premises, and in many cases where improvements were required in food premises under the Food and Drugs Act, 1938, it was necessary to support applications for building licences.

It has not been possible to introduce a systematic inspection of all factories and offices; nevertheless, many visits were made to factories in connection with notifications from the Factories Inspector and also with respect to smoke abatement and town planning.

It has now become most evident that regard should be had to the interests of public health when decisions are made relating to the establishment of new factories or new industrial processes in the town.

A number of inspections of factory canteens were made during the year and where unsatisfactory conditions were evident, the matter was discussed with the appropriate officer of the Ministry of Labour and National Service.

Fertilisers and Feeding Stuffs Act, 1926

The appointment of Analyst under the above Act was held respectively by Mr. F. E. Thompson, Mr. D. C. Jenkins and Mr. F. D. G. Chalmers, who, as reported under the heading "Sampling—Food and Drugs Act, 1938" held the appointment of Public Analyst also.

15 samples of fertilisers were submitted for examination, 14 of the samples were satisfactory and 1 unsatisfactory. The samples included Sulphate of Ammonia 3, Sulphate of Potash 2, Superphosphate of Lime 1, Lime 1, Bone Meal 1, Soluble Blood Manure 1, Dried Blood 1, and Proprietary Fertilisers 5.

The unsatisfactory sample was a sample of Sulphate of Ammonia, which contained an excess of Free Acid 0.21%. The excess acid was due to faulty storage conditions and the fact that there was no proper system of rotation in the sale of this material. The vendor was advised on suitable methods for storage and to ensure that no stock was kept longer than necessary.

Follow-up samples of Sulphate of Ammonia from the same establishment have proved on analysis to be satisfactory.

Public Baths

As in previous years, considerable attention was given to the purity of the water supply in the Public Swimming Baths at Tower Street, Bloxwich, and in the Arboretum. 41 samples were taken for the purpose of bacteriological and chemical analysis, as follows: —

Walsall Swimming Baths, 1st and 2nd class and Brine Baths	27 samples
Bloxwich Swimming Baths	8 samples
Arboretum Open Air Pool	6 samples

Satisfactory reports were received in respect of all the samples.

Cinemas

During the period under review all the cinemas in the town were inspected prior to licensing by the Cinemas and Theatres Committee.

Extensive investigations were made into the atmospheric conditions of cinemas during the months of March and June and recommendations were made where the ventilation was found to be inadequate. Work in progress on the new ventilating system in the cinema mentioned in the report for 1949 was still incomplete at the end of 1950 because of difficulties in connection with licensing and the availability of materials.

TABLE VI.

FACTORIES ACT, 1937 AND 1938

Prescribed particulars on the administration of the Factories Act, 1937.

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	M/c line No.	Number on Register	Number of			M/c line No.
			Inspections	Written notices	Occupiers prosecuted	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	1	75	19	Nil	Nil	1
(ii) Factories not included in (i) to which Section 7 is enforced by the Local Authority	2	803	133	47	Nil	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	2	Nil	Nil	Nil	3
TOTAL		880	152	47	Nil	

TABLE VI *(continued)*

2.—CASES IN WHICH **DEFECTS** WERE FOUND

Particulars	M/c line No.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	M/c line No.
		Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1)	4	15	13	—	12	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	1	—	—	1	—	6
Inadequate ventilation (S.4)	7	3	2	—	3	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7) (*a*) insufficient	9	4	3	1	2	—	9
(*b*) Unsuitable or defective	10	8	4	—	8	—	10
(*c*) Not separate for sexes	11	—	—	—	—	—	11
Other offences against the Act (not including offences relating to Outwork)	12	31	30	—	29	—	12
TOTAL	60	62	52	1	55	—	60

OUTWORKERS

In accordance with Section 110, reports were received of a total number of 95 Outworkers, 89 engaged in making wearing apparel and 6 engaged in connection with brush making. It was not necessary to take any action with respect to Outworkers.

Conclusion

The report indicates further evidence of a return to more normal conditions, although certain aspects have naturally had more attention than others.

I must again pay tribute to the continued support and co-operation of the Chairman and Members of the Health Committee, and the Medical Officer of Health. To the staff in the department who have again given unstinting service I tender my sincere thanks, and I wish specially to mention the help and assistance I have received from Mr. J. Green, my deputy, and the Specialist Inspectors, Messrs. Woodward, Bayley, Kelley and Hill, in the preparation of this report.

Yours obediently,

C. A. STANSBURY,

Chief Sanitary Inspector.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1950

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report on the School Health Service for the year ended 31st December, 1950.

1.—STAFF

There have been considerable changes in the medical staff during the year. Dr. A. Brown, Chief Assistant Medical Officer of Health, resigned from the Public Health Service to return to general practice, and Dr. P. J. Fitzgerald resigned to take up an appointment at Wolverhampton.

The Council appointed Dr. J. Maclachlan to the post of Deputy Medical Officer of Health, and Dr. A. Laurie and Dr. A. Rowles as Assistant Medical Officers of Health. All these officers are engaged either full-time or part-time in the School Health Service. The appointment of Dr. Rowles was an additional one, the Council having agreed to an increase in the medical establishment of the Health Department and the School Health Service.

The increase in the medical staff has enabled us to give a more comprehensive service to the children, particular attention having been paid to the educationally subnormal children, of which a large number have been awaiting examination for a considerable time. The Education Committee has arranged for two of our medical officers to attend a course upon the examination of the educationally subnormal child and shortly we hope to be in a position to overtake the arrears of work on these children.

The school dental staff is now depleted to one dental surgeon, though for part of the year we had the assistance of a lady dental officer whose help proved to be invaluable. I am glad to say that this officer's services are again available in a part-time capacity and her assistance is most welcome.

2.—SCHOOL HEALTH WORK

The following notes on various aspects of the School Health Service have been provided at my request by Dr. A. Laurie.

"In this, the second full year of the National Health Service, there has been no reduction in the attendance of cases of illness at the school clinics. The medical officer is available during four sessions in the week, while the nursing staff attend daily for the treatment of minor injuries and dressings.

All clinics are well attended, and, in times of much illness in the population as a whole, there is difficulty in attending to all the applicants for advice and treatment. It would normally be desirable that cases requiring the opinion of specialists, be seen at special sessions in the clinics of a school health service, but the ready and willing co-operation of the local hospitals mitigates this need considerably while the relationship with the orthopædic department is very close indeed.

The Speech Therapy Clinic, recently instituted, is of the greatest value now that it is on a full-time basis and its need can be shown by the existence of a large waiting list.

The defects and diseases, other than dental cases, most frequently seen were diseases of the nose and throat, defects of vision, lower limb deformities, and diseases of the skin.

Cleanliness

The statistics seem to indicate that there is some improvement in the state of cleanliness of the school children. Infestation with head lice is still too commonly found and is, like uncleanliness, a social problem. Specifics for both have been available to the public for many years now and the medical and nursing staff can do little until the parents of the offenders, and the offenders themselves, pursue prevention with greater zest than hitherto. It would seem that there are small nuclei of infection in each town and city responsible for the breeding and dissemination of much of the infestation found in the community as a whole, and it is to be hoped that the great efforts of health visitors, teachers and social workers in health education, will eventually prevail.

Diseases of the Nose and Throat

There has been little change in the incidence of enlarged or diseased tonsils and adenoids during the last three years, and waiting lists at hospitals are still of the order of 1½ to 2 years. The frequency of poliomyelitis, by temporarily suspending tonsillectomy during the summer months when most throat operations are carried out, has aggravated the position but the frequent review of children awaiting treatment may now help to reduce the number of cases for eventual operation. Simple enlargement of the tonsils, in the absence of complications, is not now considered an indication for removal

Deafness

Diseases of the ear still rank high among the illnesses detected while loss of hearing in varying degree is very common. It is fairly certain that many cases of partial deafness are missed, so expert does the child become in hiding partial deafness by lip reading and frequently he is considered mentally backward when the only defect present is a difficulty in hearing. It can be assumed that some degree of deafness exists in some 50 out of every 1,000 school children, in any area.

Since deafness limits comprehension, speech, mental ability and social adjustment, its detection at an early age is most important and it is advisable that every school child should receive a hearing test by the age of 8 years. The usual method available to the medical officer is the whispered voice. This is subject to variation, interference and lack of uniformity. Some method of group testing is required such as audiometry. One instrument with an audiometrist, is sufficient for 20,000 pupils.

Health Visitors, teachers and child welfare workers should be impressed with the need for early ascertainment of deafness in the very young child, where group testing is unsuitable.

Maladjustment

A frequent and difficult problem is that of the maladjusted and emotionally unstable child and neither the minor ailment clinic nor the hospital is a suitable place for investigation of such a case. There is a great need for a child guidance clinic, with a team consisting of a psychiatric social worker to investigate the child's home, an educational psychologist to examine the child's intelligence and education, and a psychiatrist available for consultation when required. Such a team would be just sufficient for a school roll of 20,000 pupils.

Open Air School

This school serves a most useful purpose in caring for and educating the delicate and infirm child, and the benefits of regulated rest, feeding and education, combined with the care of an enthusiastic staff, promotes health in almost every case. Frequent requests are made by mothers for their children to be admitted to the school, and there is a waiting list for entry, sufficient indication of the importance of such a unit.

The pupils most often admitted are those with general debility, malnutrition, cardiac weakness, chest complaints, asthma, physical deformity, and anæmia. Every pupil is examined at the school each term, and many attend the clinics for more frequent observations."

3.—SCHOOL ACCOMMODATION

Queen Mary's High and Grammar Schools ...	925 pupils
Art School	75 ,,
Technical College	150 ,,
Elmore Green High School	320 ,,
Joseph Leckie Comprehensive Secondary School	750 ,,
Edward Shelley High School	320 ,,

(a) No. of Secondary Schools 11
County Schools 9
Voluntary Schools 2
with accommodation for 3,958 pupils.

(b) No. of Primary Schools 45
County Schools 30
Voluntary Schools 15
with accommodation for 14,521 pupils.

(c) Nursery Schools 3
with accommodation for 120 pupils.

(d) Open Air School for 60 pupils.

(e) Beacon Residential School for Educationally Subnormal Pupils ... ... 77 pupils

The number of pupils on the register at 31st December, 1950 was 19,294, as follows—Primary and Secondary Modern Schools 16,486, Queen Mary's School 910, Art School 74, Technical College 112, Elmore Green High School 443, Edward Shelley High School 325, Joseph Leckie Comprehensive Secondary School 824, Nursery Schools 120.

Of the 16,486 pupils in Primary and Secondary Schools, the average attendance was 14,604.

4.—PUPILS EXAMINED

7,737 pupils were medically examined in the course of routine inspections; of that number the general condition was described as good in 32·6%, fair in 63·7% and as poor in 3·7%.

The following table shews the average heights and weights of all pupils medically inspected during 1950:—

		Numbers		Height, ins.		Weight, lbs.	
		Boys	Girls	Boys	Girls	Boys	Girls
New Entrants	(5+)	1120	1104	42·8	42·5	43·2	42·9
Juniors ...	(8+)	774	723	51·1	50·8	60·3	59·6
Juniors ...	(10+)	781	705	54·6	54·4	71·4	71·0
Seniors ...	(12+)	636	674	57·5	58·1	84·7	88·1
Leavers ...	(14+)	634	586	62·3	62·4	109·1	108·6

5.—SCHOOL CLINICS AND FOLLOW-UP

The treatment of minor ailments is carried out at the three School Clinics.

865 children were referred to the Ophthalmic Surgeon for errors of refraction or squint. Spectacles were prescribed in 775 cases and obtained in 772 cases. Seven children suffering from squint were referred for orthoptic treatment. 362 children received operative treatment for adenoids and/or chronic tonsillitis, 7 for other nose and throat conditions, and 44 received other forms of treatment.

During the year 1,124 home visits were paid by the school nurses for the following purposes—(a) obtaining the consent of parents for eye treatment, (b) interviewing parents with regard to their children failing to keep appointments with the Orthopædic Specialist, or failing to keep appointments for treatment, (c) post-tonsillectomy visits to arrange for breathing exercises, (d) following up bad defects found at school medical inspections to ensure that treatment was obtained, (e) following up cases of long absence from school reported by Head Teachers where it was thought that no treatment was being obtained.

6.—UNCLEANLINESS

There has been a further decline in the number of cases of Scabies treated—83 as against 118 in 1949.

The general standard of head cleanliness shows a slight improvement over last year, but still leaves much to be desired. The average uncleanliness rate is 6·3% as against 7·2% last year.

The Secondary Modern Girls' Schools are again the worst offenders; with only one exception all these schools have an average of 10%—18% of unclean heads and they are followed closely by the Junior Girls' Schools and even one or two Infants' Schools.

Much time is spent in home visiting, and D.D.T. Head Lotions are supplied free of charge.

Parents are usually co-operative in cleaning the smaller children but some of the older girls appear to resent all efforts to attain head cleanliness, particularly in these days of permanent waves and curls for school children. It is felt that the older working girls of the family are a likely source of infection.

The older boys are the worst offenders in the matter of bodily cleanliness. Though few of them have dirty heads, many of the boys have dirty feet and tide marks round the neck. It is comparatively unusual to find bodily uncleanliness among the girls.

Far too many girls and boys fall short of a good standard of clothing cleanliness and this is definitely the responsibility of parents now that soap is no longer rationed.

During the year 109,501 examinations of pupils in the schools were made by the school cleanliness nurses, somewhat fewer than in the previous year. The number of individual children found unclean was 1,149 showing a slight decrease.

7.—PHYSICAL EDUCATION

I am indebted to Mr. A. J. Spears and Miss I. Munden, Physical Training Organisers, for the following interesting reports on Physical Education in the Schools.

"In spite of a general air of uneasiness our work in Phyisical Education has been pressed forward with little detriment to the scope of activities or the well being of scholars. The classifications of the general condition of pupils inspected during 1949 revealed an increase over 1948 in the number of children classed 'good' and there should be a sustained improvement during 1950. The schools have afforded ample opportunities to improve muscular tone and nutrition. There has, of course, been a tendency towards a more restricted diet in the homes but essential food factors, with the possible exception of proteins have been available in adequate measure. Little evidence exists to suggest that the children undergoing physical exercises and games are lacking in stamina or energy. Some of our activities have made very heavy demands on certain boys, as for example, cross-country running, boxing and athletics, and their fitness to undertake them backed up by judicious training has never been in doubt.

The year 1950 has shown an improvement in the position regarding specialist staffing for Physical Education in the Secondary Modern Schools. More young teachers have come to the schools direct from Colleges in which they have taken an advanced course in the subject. At the same time economy in expenditure on equipment and apparatus has made progress a little slower.

In the infants' departments continued training involving much use of apparatus of all types, is showing good results—the children being happy and eager in their lessons and developing well. Among junior and senior girls the most notable progress has been on the games field of which mention will be made later.

The provision of suitable clothing for exercise has been maintained in the secondary schools and a generous donation given again by the School Children's Care Committee has enabled that essential provision for modern physical education, i.e., plimsolls to be brought up to approximately 100% of the numbers on roll in the schools. Many of the primary schools are to be congratulated on the effort made to encourage the children to change for exercise when the weather is suitable.

The experiment with the provision of climbing apparatus for the primary schools is being continued and by now we have eight different types of such apparatus in various schools in the borough. It is hoped by this variety to decide on the most useful, cheap, and safe type of apparatus to introduce into other schools in future years.

Organised games, conditions and facilities will naturally vary from school to school, but even when playing spaces are not good, and equipment limited, enthusiastic teachers contrive to give good coaching for the major team games. Coaching in fundamentals of Football and Cricket can of course be carried out in fairly limited spaces, but the need for a good cricket wicket and football pitch is none the less urgent to apply the groundwork training.

Lectures and Films on Cricket Coaching, followed by a practical course on how to Coach Cricket, under the direction of Mr. W. E. Merritt, were attended by several teachers, and these have been pronounced most helpful by those who took part.

Women teachers have attended courses in umpiring Netball and Rounders this year and the standard of play in these games, which form the mainstay of the girls' games curriculum, should be improved by the fact that nine teachers have passed the National Rounders Umpiring Test, while seven have passed the All-England Netball Umpiring Practical Test and are waiting to hear the results of the theory examination taken last December. Six teachers attended a Netball Coaching Course held in Birmingham during the Christmas holidays, while three teachers attended an Area Coaching Course held by the Lawn Tennis Association in Wolverhampton during the summer. In spite of acute shortage of pitches all the Secondary Schools in the town except one are now offering Hockey to some of their girls. Very successful Netball and Rounders tournaments have been held for junior and senior girls, and a record number of entries from junior schools was received this year.

Coaching in Athletics is being given in more departments each year and we hope the results will be seen in the Inter-Schools Sports which may be revived next year. Putting the Weight and Hurdling have been introduced in a number of departments and we hope to widen the scope of Field Events to include the Discuss and Javelin events. By this means we hope to sustain the interest of scholars who have no aptitude for running events, but who might readily acquire the special skills of the Field Events.

Mr. Harrison of the Walsall Athletic Club again arranged a High Jumping League for the older girls, with the co-operation of various teachers in the borough. Some very good performances were seen and Walsall girls with special athletic ability have had many successes at Midlands and National Athletic meetings owing to extra coaching and help made available through Mr. Harrison's enthusiasm.

Boxing has become a very popular activity in not a few Secondary boys' departments and the standard revealed at the tournaments held is a credit to the responsible teachers. The organisation of the Tournaments too, by the officials of the comparatively new Schools Boxing Association is worthy of commendation.

One of our boys reached the Schoolboys' National Finals in London and several won County Championships in their weight classes. The Walsall Inter-Schools Contest held at Bloxwich Baths on 6th December produced some good talent and we certainly ought to do well at the forthcoming County Championships.

The many activities included for the children of the borough under the heading "Physical Education" should, side by side with the health services available, make for increased physical fitness in the rising generation.

Health education in the schools and improvement of facilities for washing and personal hygiene all have their part to play in the inculcation of the right attitude of mind to healthy living. It is a little disappointing that the interest felt and shown by the children during their school years should not show a greater carry-over into the post school years where response to evening classes in varied physical activities is still not as good as it should be.

The Annual Swimming Gala presents a good opportunity to assess progress year by year in swimming, and this year's inter-schools meeting was noteworthy for the marked improvement in the Crawl Stroke by Juniors. Most of the events are squadron or team races and the fact that many records were broken is proof that an all-round improvement has taken place in swimming.

The usual table of awards of Swimming Certificates and Life Saving is appended.

The improvement in the results is most marked on the girls' side—the number of certificates awarded showing a considerable increase over past years while another encouraging feature is the big increase in the number of scholars gaining Proficiency and Learners Certificates.

The total of Life Saving Awards shows an advance on previous years, but it does seem that more of the awards such as Bronze Cross and Bronze Medallion should be obtained now that we have pupils up to 15 years."

	1949		1950	
	Boys	Girls	Boys	Girls
1st Class Certificate ...	51	16	30	63
2nd Class Certificate ...	223	86	161	170
3rd Class Certificate ...	222	99	150	187
Proficiency	175	77	170	153
Junior Learners ...	179	163	245	188
	850	441	756	761

Total Boys and Girls 1949 ... 1,291

Total Boys and Girls 1950 ... 1,517

Royal Life-Saving Society Certificates (1950)	Boys	Girls	
Junior Respiration	14	—	
Bronze Cross	1	—	
Bronze Bar	—	5	
Bronze Medallion	7	14	
Intermediate Certificate	13	18	
Elementary Certificate	40	55	
	75	92	= 167
1949 ...	59	57	= 116

8.—PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN

I am indebted to Mrs. D. M. Curtis, School Meals Organiser, for the following report on the School Meals Service.

"As in 1949, the total of meals—1,079,554—(897,565 paid and 181,989 free) has shown a further small decline, a tendency which has been noted throughout the whole country in respect of School Meals. The reasons for this decline would appear to be (a) lower parental incomes combined with the Statutory increase in the price of the meal on January 1st from 5d. to 6d., and (b) more plentiful food supplies.

Several of the inconvenient and inadequate school kitchens (notably Tantarra Street and Edward Shelley) have been closed, and the meals are now supplied by Rushall Street and Fullbrook Central Kitchens. The cooking capacity of the Service is still more than adequate to the demand.

The ' Milk in Schools'' Scheme whereby all children in the schools are supplied with one-third pint daily, free of charge, remains in force, and here again there is a slight decline in the amount consumed, the figures being 15,224 one-third pints in October—which represents 80·3% of the children in attendance at school on that day.''

9.—INFECTIOUS DISEASE

Diphtheria. There was 1 case of Diphtheria in school children during the year as against 2 in the previous year. The child had been immunised, and recovered after treatment in hospital.

During the year 570 children under the age of 5 years and 956 between the ages of 5 and 15, a total of 1,526 were immunised against diphtheria. 1,413 children received a re-inforcing dose.

Scarlet Fever. 92 cases of Scarlet Fever occurred amongst school children as against 103 in 1949. There were no deaths.

Measles. There were 96 cases of Measles as against 856 in 1949. There were no deaths.

Whooping Cough. 187 cases of Whooping Cough were notified amongst school children as against 117 in the previous year. The cases were evenly distributed throughout the year. There were no deaths.

Meningococcal Infection. No cases were notified amongst school children.

Poliomyelitis. 9 cases were notified. There was one death.

In addition 28 cases of Pneumonia, 4 cases of Dysentery and one case of Food Poisoning were notified amongst school children.

10.—HANDICAPPED CHILDREN

Deaf. There were 16 children in residential schools for the deaf or partially deaf at the end of the year. One girl was admitted during the year. Three children were in attendance at Special Day Schools.

Blind. One totally blind and eight partially sighted children were in residence in special schools at the end of year. One totally blind and Educationally Subnormal boy was in a residential special school. One boy and one girl were placed during the year.

Educationally Subnormal. Six boys were admitted to Beacon Residential School, Lichfield during the year; one boy was discharged on attaining school leaving age. One boy was discharged as unsuitable and one boy left by Committee consent. There were 33 Walsall boys in residence at the end of the year.

3 girls were admitted to Monyhull during the year.

28 children examined during the year were found to be educationally subnormal and in need of educational training in special schools. 21 children were recommended for special educational treatment as educationally subnormal pupils in ordinary schools. There were 90 ascertained educationally subnormal children awaiting admission to a special school at the end of the year. The provision for a day special school for this type of child becomes more and more urgent.

The following children were notified to the local health authority:—

Under Section 57 (3)	Idiots or Imbeciles	12
Under Section 57 (5)	Educationally Subnormal ...	3
	Total ...	15

Other Handicapped Pupils. During the year two boys were placed in residential schools for maladjusted pupils, One boy in a special school for epileptics, one girl in a special school for cripples, and one boy and one girl in a special school for heart cases.

These handicapped children were in the following Special Schools:—

	Boys	Girls	Total
Royal School for the Deaf, Birmingham	1	4	5
Moseley Road Day School for the Deaf, Birmingham	3	—	3
The Mount School for the Deaf, Stoke-on-Trent	2	9	11
Royal Institute for the Blind	5	3	8
Exhall Grange, Warwickshire. (Partially sighted)	—	1	1
Condover Hall, Shrewsbury. (Blind and Educationally subnormal)	1	—	1
National Children's Home, Chipping Norton. (Physically defective and Educationally Subnormal)	1	—	1
Tudor Grange, Solihull. (Physically Defective)	—	1	1
Baskerville, Birmingham. (Heart Cases)	1	1	2
Carlson House, Harborne. (Day School for Spastics)	—	1	1
Colthurst House, Warford. (Epileptics)	—	1	1
Maghull, Lancashire. (Epileptics) ...	1	—	1
Ledstone Hall, Leeds. (Maladjusted) ...	1	—	1
Basford Hall, Leek. (Maladjusted) ...	1	—	1
Brambley House Clinic, Chesterfield. (Maladjusted.) (Discharged July 1950)	1	—	1

Educationally Subnormal—

Beacon School, Lichfield	33	—	33
Monyhull, Birmingham	—	3	3

Home Tuition. Education was provided in their own homes for seven children whose physical condition was such that they were unable to attend any primary or secondary school. At the end of the year five children were awaiting home tuition.

Crippled Children. 686 children received treatment at the Orthopædic Clinic, Bradford Street, and 22 children received in-patient treatment at the Royal Cripples Hospitals, The Woodlands and the Forelands.

Hospital Treatment. 924 school children were admitted to hospitals in Walsall for in-patient treatment.

Speech Therapy. We lost the part-time services of Mrs. R. M. Senior at the end of July, but were fortunate in obtaining the full-time services of Miss Bentley, a qualified Speech Therapist in September.

Miss Bentley is continuing and extending the valuable work commenced by Mrs. Senior. A second Speech Therapy Clinic has been opened at the Field Road Clinic, Bloxwich for the convenience of the children residing in that area.

During the year sixty additional children were interviewed and the most urgent cases selected for immediate treatment. 116 children have been under treatment as follows: Stammerers 44, Dyslalics 60, Cleft Palate 10, and others 2. These children made 1,616 attendances.

Many parents accompany their children and take a keen interest in the instruction but great difficulty has been experienced in getting some children to attend regularly for prolonged treatment. 772 visits were made by parents to the Clinics during the year. At the end of the year 93 children were on the waiting list for treatment.

11.—BEACON RESIDENTIAL SCHOOL

Mr. G. F. Taylor, Superintendent of the Beacon Residential School for Educationally Subnormal children retired, together with Mrs. Taylor the Matron, at the end of the year after 25 years work at the School. The following is part of an interesting report contributed by Mr. Taylor on the work of the School from 1925 to 1950.

"It is now twenty-five years since the Beacon Residential School was opened. The decision to provide residential accommodation for some of the feebleminded—to use the term then officially accepted—of the school population was a very progressive step indeed and proved our Education Authority to be a pioneer in this particular sphere of education among the Education Authorities of the day.

The Walsall Corporation acquired complete ownership of the School and in 1925 the work of adapting the building was taken in hand. The cost of maintaining the School promised to be considerable and so it was decided to send only twenty-four Walsall children and to accept children from other Authorities for the remaining 53 places. With the outbreak of the second war it was decided to remove all girls from the School and from then onwards boys only have been admitted.

Our seventy-seven boys have since been much more conveniently provided for in regard to recreational activities and they enjoy a more vigorous leisure. The organising of games is simplified and the level of individual achievement improved.

Today the cause of the Special School needs no champion but unfortunately there persists an extraordinary ignorance and apathy with regard to the School and its functions. It is not enough to issue reports, which may or may not be read. The community must be made aware of the Special School and the Special School pupil must be made to feel that he belongs to Society and is not ostracised therefrom. Hence we have our Prize Days and our Sports Days, we have given our public displays and our entertainments. Our teams have played Cricket and Football regularly, and lately Table Tennis also.

The real value of the Residential School is not demonstrated only by the improved educational attainment that it makes possible—important though that may be. In twenty-five years we have laboured strenuously to ensure that no boy should leave the school as a non-reader, and we have been almost a hundred-per-cent. successful. The average reading age of our school leavers is low compared with the normal but it has often been demonstrated that the boy who left school as a poor reader later succeeded in making appreciable progress in his late teens. The importance of reading as a means of promoting self esteem in the pupil cannot be over-estimated, but the Special School does more than impart the rudiments of the three R's, for in many instances these children derive appreciably more benefit from the practical instruction. The notion is sometimes held that all subnormal children have a compensation in the practical run—that they are all clever in doing and making things. This idea is of course quite erroneous. The fact is that the distribution of practical skills and aptitudes varies as between individuals as does the distribution of educational or scholastic ability. In both groups the same people tend to be at the bottom of the scale and generally the same people tend to be at the top. Shoe repairing and gardening are activities which prove particularly useful in the Special School. The former is especially helpful to the boy who lacks concentration and who needs working conditions such as are calculated to compel his attention. At the Shoemaker's bench the Instructor is always at his elbow—the merest error is self evident—a careless use of tools is calculated to have painful consequences and the dilatory pupil is immediately detected.

Comparatively low grade boys will often excel at shoe repairing and the boy of only moderate intelligence can often turn out work of excellent quality. It is seldom however that the subnormal boy can be trained to work with speed—he is unable to sustain the effort over a period of time. There have been occasions through the years when the shoe repairing Instructor has been away on sick leave for weeks on end and on every occasion we have found it possible to depute two or three boys to keep all the boys' boots in good repair through the period of absence. Gardening proves a valuable activity for the boy who lacks precision and dexterity. Many low grade boys of poor general ability find satisfaction in the steady performance of a long and laborious operation involving the larger muscles over a period of an hour or two, while boys of a slightly higher intelligence learn to use garden tools and to dig, to rake, to hoe, to clip and trim hedges, etc., with workmanlike skill and ability.

Woodwork is another practical activity to which boys are introduced at age 11 to 13, and in which they continue as seniors if they display the necessary aptitude. This activity requires a certain standard of physique to work conveniently at the bench and to manipulate the tools satisfactorily, but it further demands a degree of manual dexterity and control as well as an aptitude for patience and carefulness. Many boys manage to complete a small and simple model but fail to persevere over a more laborious and exacting job. Some apply themselves enthusiastically and eventually complete an elegant piece of furniture, or may be a useful household or garden appliance, as for example a pair of folding steps or a wheelbarrow.

The Art work of the Junior and Intermediate classes affords much pleasure and satisfaction to both teachers and the taught, and it has from time to time revealed decided talent. These classroom walls are made gay with the colourful and neatly executed designs, many of which are quite original and of high merit."

Mr. Taylor then refers to the thorough enjoyment of outings in the countryside and to local industrial and other undertakings.

"Where the after careers of Special School children have been observed the success or failure of the boy has been seen to be dependent upon factors other than educational attainment. The training he has received has largely equipped him for the strains and stresses of life—enabling him to compete with his fellows and to win their esteem, whether at work or play. During the recent war an officer commanding one of our Home Naval Establishments phoned me late at night and confirmed his message next morning by telegram. He had one of our old boys on his strength and he held him in such esteem that he was anxious to know how many more boys of this type I could supply forthwith."

The report records many other similar experiences of the boys after leaving school and continues.

"However, while so many of our former pupils have done creditably a certain few have proved disappointing. In this our experience is by no means unique—but one is constrained to protest against the lack of special provision for the educationally subnormal boy who is morally defective. Surely it would be policy to provide one or two schools suitably equipped and staffed to cope with this type. Upon satisfactory improvement being made the boy could be transferred to the E.S.N. School from which serious delinquents were excluded. In any school the presence of a few delinquent boys will compel the imposition of restrictions and limitations, both irksome and degrading to staff and boys alike.

The splendid health and physique of the Beacon School children has always been a subject of popular comment. The assistance afforded to us at all times by Dr. Clark was unstinted and thoroughly sympathetic and helpful. On many occasions he or one of his assistants responded to an urgent appeal for guidance or advice—even travelling from Walsall at a late hour to allay our anxieties. Also, the sympathetic understanding and the ready assistance afforded by Mr. V. J. Moore, the Director of Education, and his staff has been constant and considerable. It is doubtful whether any Residential School has known so kindly an administrative staff. The members of the Special Services Sub-Committee have always been particularly helpful and their visits invariably happy occasions; two ladies, namely Miss J. Elliott and Mrs. Keay, have served continuously on this Committee since 1925 and their kindly interest sustained over that long period has been an enormous encouragement.

My wife as Matron, and I as Headmaster have served the School from 1925 to 1950. We are grateful to all our Walsall friends who have shewn interest in our work and at one time or another have encouraged us by friendly advice or kindly assistance."

12.—DENTAL TREATMENT

The following report on the School Dental Service has been received from Mr. R. E. Morgan, L.D.S., Senior Dental Surgeon.

"In my last survey I stressed the difficulties under which the school dental scheme was functioning, chief of which was the shortage of dental personnel. The past year has seen the position become more acute, the services of two whole-time dental officers being available for three months only.

The year commenced with a staff of two dental surgeons, one of whom was in a part-time capacity. In April, one whole-time officer remained and this position continued until July when it was possible to secure the services of a second whole-time officer. The latter resigned in October, leaving the service to be administered again by one dental surgeon. Under these circumstances, dental inspection and treatment had to be considerably curtailed, a comprehensive dental scheme being impossible. With the very many children requiring treatment, selection of the most urgent and necessitous cases was made, special consideration being given to the dental care of the lower age-groups.

The acceptance rate during the year remained high, 92% of the children who were inspected and found to require treatment attending at the clinics. This percentage, of course, did not represent the school population of 18,000 but it must be considered a very satisfactory figure in view of the restricted facilities, and on occasion, inevitable delay. My thanks are due to the understanding and forbearance of parents and patients during this difficult period.

The number of patients inspected was 4,425 against 6,758 for the previous year. Of this number 4,296 required treatment. A noticeable feature in many cases, was the general lowering of the standards of dental hygiene. This was due, in no small measure, to the lack of systematic inspection and treatment, combined with the fact that the high incidence of dental caries precluded the regular use of the tooth-brush. A habit discontinued is often difficult to resume. As a consequence many patients showed signs of oral affections, due to lack of cleanliness. Inspections showed that dental disease was very prevalent, particularly in the middle and higher age groups.

During the year the number of extractions and fillings completed was 5,604 and 1,941 respectively. Of these, 667 permanent teeth were found to be unsaveable and extracted, permanent fillings inserted being 1,869. The number of general anæsthetics administered was 2,290, whilst local injections amounted to 127. Every effort was made to provide conservative treatment in the permanent series, thus assuring as far as possible, functional, and dentally sound dentitions. The ratio between the number of permanent teeth filled and the number of permanent teeth extracted increased to a little under 3 to 1. This is very re-assuring although one reason was that many unsaveable teeth had to be given a longer period of doubtful service. Once again a selection of suitable patients was made for conservative treatment, utilising the restricted resources of the dental service to the best advantage. Routine treatment was carried out as far as possible, notwithstanding an attendance of 1,069 emergency cases for treatment.

Under the heading "other operations," the figure for which was 278, numerous forms of treatment, other than extractions and fillings were performed. These were mainly in connection with affections of the oral tissues, chief of which was gingivitis. Excellent results were obtained from vitamin C administration, cauterisation, silver nitrate applications, interstitial packings, and mouth washes, depending on the type of condition to be treated. Dental irregularities received attention, simple appliances obtaining very good results in cases of recent origin. Advantage was again taken of the facilities offered by the Manor Hospital and the Birmingham Dental Hospital, the X-ray department of the former providing 58 films for diagnostic purposes. I would express my appreciation for the services received from these authorities.

In surveying the results accomplished during the year, it is apparent that only a small proportion of the school population has received adequate or complete dental treatment. Provision of a full dental service can only be obtained by the increase of dental personnel, a complement of four whole-time dental surgeons being an immediate necessity. Only then will it be possible to report satisfactory progress against the ravages of dental disease. Apart from the local pain and discomfort occasioned by dental conditions, a very disturbing feature is the effect of the general health of the child during the formative years. A great deal of adverse health can be attributed to dental disease. Foci of infection, particularly in cases of lowered resistance, may easily disseminate into other parts of the body, producing harmful and even serious results.

This report would be incomplete without tribute to the staff, with a special word for Miss Bennett. I am indebted to them for their unfailing help and co-operation during a trying year. Difficulties have been encountered only to be overcome. As a result, the work achieved with depleted services can be considered excellent. A vision, or reality of the near future, presents a picture of the School Dental Service playing its full part within the framework of the National Health Service. A vision or reality? May the reality be not long delayed."

13.—HEALTH EDUCATION

I am glad to report that lectures on Hygiene and Mothercraft, commenced in 1946, have been continued and extended during the year under the direction of Miss G. Johnson, Superintendent Health Visitor and members of her staff.

With the additional Health Visiting staff available we have been able to increase the number of girls receiving this type of tuition and during the year 19 classes of girls have received a course of instruction of approximately eight lectures each. In addition to the lectures, each class has paid a visit to one of our Welfare Centres, where practical instruction was given,

Each course consists of approximately eight lectures covering the following subjects:—

Personal Hygiene	-	Care of the body, clothing, etc.
General Hygiene	-	Sleep, food, fresh air, exercise, etc.
Mothercraft	-	Ante-natal care, preparation for the newly-born child and the care and feeding of the child.

Additional lectures are then given on the care of the baby and continue on the lines followed so successfully in previous years.

At the demonstration held at the Welfare Centres opportunity is taken to teach the correct way to bath a baby, suitable clothing for the infant, the preparation of artificial feeds, emphasis being laid on the cleanliness aspect of the preparation. Opportunity is taken to instruct the girls in the value of Welfare Centres to the expectant and nursing mother and the whole of the procedure is explained to them. The girls are very interested indeed in these practical demonstrations at the Centres and it is always found when written test papers are examined that the questions relating to the practical demonstrations at the Welfare Centres are answered fully and enthusiastically.

At the end of each course an examination is held on the whole of the work done and we are pleased to report that at the end of the year 302 certificates of proficiency were granted to successful students as against 182 certificates granted in the previous year. This form of instruction is becoming increasingly valuable and as stated in previous reports, it is our endeavour to see that every girl leaving a Secondary Modern School shall have had the advantage of a course of instruction in Mothercraft and Hygiene.

Our thanks are due to many Head Teachers in the town for the very valuable co-operation which we have received, and our work has been made very much easier by the help which they have so willingly given.

14.—TALKS TO PARENTS

The Superintendent Health Visitor has continued to give lectures to parents of school children upon matters relating to the welfare of children, and upon various services provided by the Health Department.

During the year talks were given to parents, as follows:—

St. John's Fellowship - -	Home Helps.
Whitehall Junior and Infants' Parent-Teacher Association -	Maintenance of good health and some infectious diseases.
Mellish Road Women's Fellowship - - - - - -	Poliomyelitis.
Wyrley Women's Institute -	Tuberculosis After-care (talk given by Tuberculosis Visitor).

In addition courses of lectures have been given to youth organisations, at the expressed wish of the organisers, as follows:—

Walsall Junior Air Corps - -	Six lectures on Child Welfare.
Highgate Youth Club - -	Three lectures on sex education.

Last year we expressed the opinion that the number of talks of this type could be considerably increased. Unfortunately it has not been possible to arrange many additional meetings of this character.

We feel that talks of this nature given to parents are of great value, for the staff is able to explain the essentials of maintaining health in the school child and the purpose of the School Health Service. It is realised that the organisation of talks of this kind requires a considerable amount of work on the part of Head Teachers and Parent-Teacher Associations, but we do extend to all schools an invitation to take part in this form of instruction. Education in Public Health and Hygiene is a very important part of our work and we feel that it is work which should be extended on every available opportunity.

15.—CONCLUSION

The School Health Service was considerably handicapped during the early part of the year from shortage of staff, but towards the end of the year the position improved considerably and both our Medical and Nursing staffs were almost up to full strength for the first time for many years. We were then able to carry out a full programme of medical inspections and treatment and considerable leeway was made up in the ascertainment of educationally subnormal children.

The dental clinics were carried on with a considerably depleted staff and there seems to be no possibility of the position improving. It is to be hoped action will be taken nationally to remedy this very unfortunate position.

My sincere thanks are due to the Director of Education and his staff for their continued helpful co-operation in the work of the School Health Service and also to the Head Teachers for their willing assistance at all times.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ROSS,

School Medical Officer.

April 1951.

MEDICAL INSPECTIONS AND TREATMENT RETURNS

Year ended 31st December, 1950.

TABLE 1

Medical Inspections of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools)

A. Periodic Medical Inspections.

(1) Number of Inspections:

Entrants	2,224	
Second Age Group ...	1,486	
Third Age Group	1,220	
	Total	4,930
(2) Number of other Periodic Inspections		2,807
	Grand Total	7,737

B. Other Inspections

Number of Special Inspections	3,544
Number of Re-inspections	1,785
Total	5,329

C. Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	3	474	477
Second Age Group ...	71	191	262
Third Age Group	61	147	201
Total (prescribed groups)	135	812	940
Other Periodic Inspections	169	395	512
Grand Total ...	304	1,207	1,452

TABLE 2

A. Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950.

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	46	58	272	4
Eyes—a. Vision ...	304	128	66	7
b. Squint ...	42	49	11	6
c. Other ...	36	29	83	1
Ears—a. Hearing ...	18	43	15	—
b. Otitis Media	62	53	122	3
c. Other ...	11	31	44	—
Nose or Throat ...	413	696	408	37
Speech	30	27	3	2
Cervical Glands ...	130	312	30	9
Heart and Circulation	54	108	60	14
Lungs	100	155	264	10
Developmental—				
a. Hernia ...	7	9	1	4
b. Other ...	4	42	1	—
Orthopædic—				
a. Posture ...	59	71	9	7
b. Flat foot ...	236	88	28	9
c. Other ...	128	164	77	14
Nervous System				
a. Epilepsy ...	1	5	4	—
b. Other ...	9	20	42	4
Psychological—				
a. Development	1	8	6	3
b. Stability ...	1	15	16	—
Other	124	98	631	14

B. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups	Number of pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2,224	991	44·6	1,181	53·1	52	2·3
Second Age Group ...	1,486	470	31·7	950	63·9	66	4·4
Third Age Group ...	1,220	293	24·1	874	71.6	53	4·3
Other Periodic Inspections	2,807	766	27·3	1,924	68.5	117	4·2
Total ...	7,737	2,520	32·6	4,929	63·7	288	3·7

TABLE 3

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons 109,501

(ii) Total number of individual pupils found to be infested 1,149

(iii) Number of individual pupils in respect of whom cleansing notices were issued 1

(iv) Number of individual pupils in respect of whom cleansing orders were issued 1

TABLE 4

TREATMENT TABLES

Group 1—Minor Ailments (excluding Uncleanliness for which see Table 3).

(a)	Number of Defects treated or under treatment during the year
SKIN—	
Ringworm—Scalp	
(i) X-Ray treatment	—
(ii) Other treatment	11
Ringworm—body	24
Scabies	83
Impetigo	262
Other skin diseases	52
Eye Disease ... ... (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	83
Ear Defects	12
Miscellaneous ... ... (e.g. minor injuries, bruises, sores, chilblains)	4,158
Post-Tonsillectomy Breathing Exercises	307
Total ...	4,992
(b) Total number of attendances at Authority's minor ailments clinics	13,716

Group 2—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group 1)

	No. of defects dealt with
Errors of Refraction (including squint)	865
Other defect or disease of the eyes (excluding those recorded in Group 1)	—
Total ...	865

No. of Pupils for whom spectacles were (a) Prescribed ...	775
(b) Obtained ...	772

Group 3.—Treatment of Defects of Nose and Throat

	Total No. treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	362
(b) for other nose and throat conditions	7
Received other forms of treatment	44
	413

Group 4—Orthopædic and Postural Defects

(a) No. treated as in-patients in hospitals or hospital schools	22
(b) No. treated otherwise e.g. in clinics or out-patient departments	686

Group 5—Child Guidance Treatment and Speech Therapy

No. of pupils treated—		
(a) under Child Guidance arrangements	—	
(b) under Speech Therapy arrangements	116	

TABLE 5

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) Periodic age groups	3,356		
(b) Specials	1,069		
(c) TOTAL (periodic and specials)	——	4,425	
(2) Number found to require treatment	4,296		
(3) Number actually treated	3,862		
(4) Attendances made by pupils for treatment ...	4,481		

(5) Half-days devoted to:—			
Inspection		4	
Treatment		586	
TOTAL		——	590
(6) Fillings:—			
Permanent Teeth		1,869	
Temporary Teeth		72	
TOTAL		——	1,941
(7) No. of teeth filled:—			
Permanent Teeth		1,495	
Temporary Teeth		72	
TOTAL		——	1,567
(8) Extractions:—			
Permanent Teeth		667	
Temporary Teeth		4,937	
TOTAL		——	5,604
(9) Administration of general anæsthetics for extraction			2,290
(10) Other operations:—			
Permanent Teeth	}		278
Temporary Teeth	}		

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